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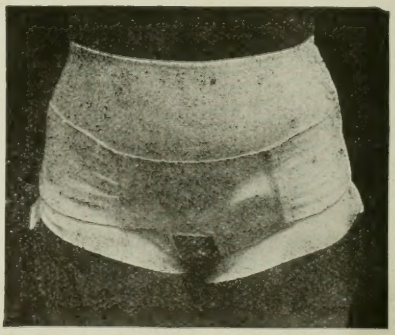

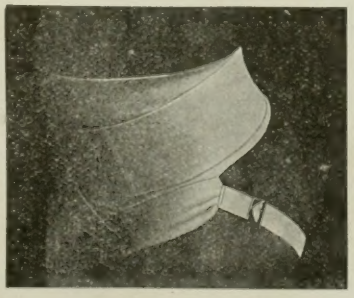

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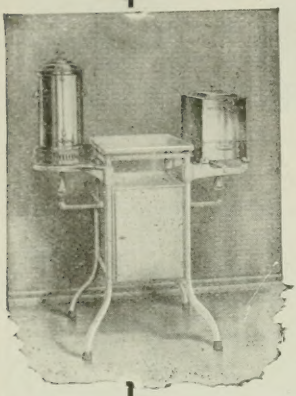

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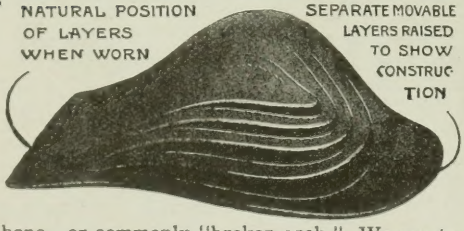

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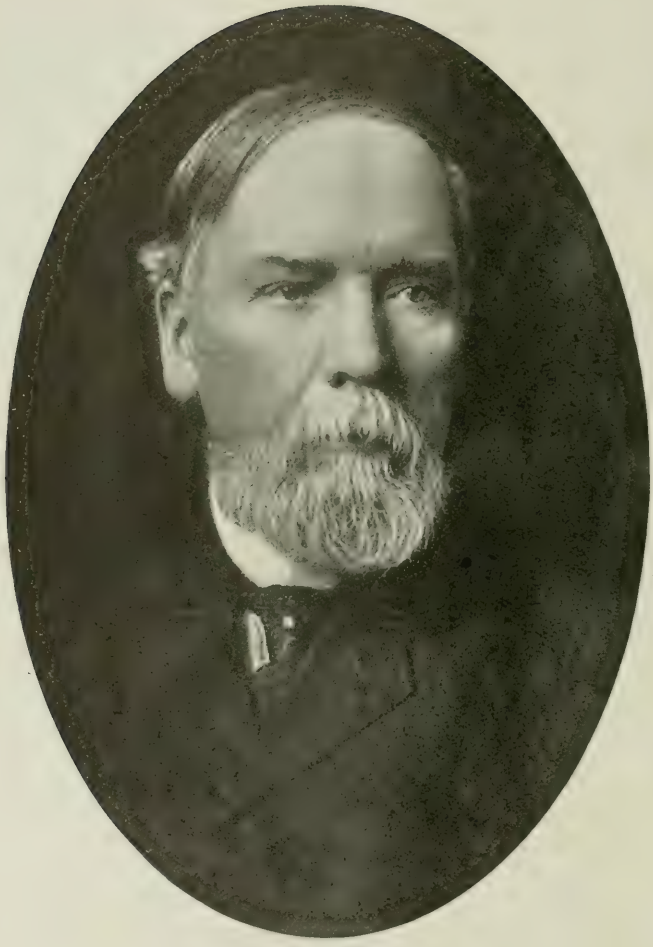

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Vol. VI **APRIL, 1914** **No. 10**

Contributed Articles.

HOMŒOPATHY AND THE MEDICAL SCIENCES

FRANCIS C. FORD, A. B., M. D., CHICAGO.
Professor of Anatomy, Hahnemann College.

The time has now arrived when it seems necessary to say another word in regard to homœopathy and its relation to the so-called medical sciences.

In looking over the list of bureaux of the Institute we note that the only approach to recognition of the medical sciences is the Bureau of Sanitary Science which "science" is really a group of sciences correlated with medicine and not a fundamental one in the ordinary acceptance of the term.

At this time, when a determined effort is being made on the part of our branch of the profession to render itself independent, are we not really superficial, using palliative rather than curative measures? Are not almost the entire energies of our propagandists devoted to the development of the science, and the advocacy of the art of homœopathy, *per se*, while relegating almost entirely to others the real fundamentals on which the present-day practitioner of the science must depend for his recognition by the State?

As is well known, the homœopathic profession has not paid, during its history, very much attention to the fundamental sciences; in fact, many homœopaths have deprecated the value of the sciences as a part of the curriculum of the homœopathic student. The day, however, has long since come in which it is an absolute necessity to the integrity of the educational institutions of the school that the fundamental sciences shall be taught at least as numerously, as thoroughly and as well by us as in the highest grade of the old-school colleges.

If you have kept track of the criticisms of the A. M. A. on the homœopathic colleges, you will doubtless have noted that many of these have been directed at the laboratories and the methods of and equipment for instruction in the fundamentals. In our humble opinion these have been well deserved. During the sixteen years and more in which the writer has taught anatomy in the homœopathic colleges of Chicago, there have been few years of that time in which he can honestly say that it has been possible to present the subject properly. It has been only since the Hahnemann Medical College of Chicago undertook to reconstruct its laboratory equipment that the sciences have been taught in an acceptable manner.

While this may not seem applicable to the question in hand, it calls attention to the fact that the centers of homœopathic education have been, in general, slow in reaching a standard that could be called first-class. To be sure, the colleges with university connections, such as the Homœopathic Department of the University of Michigan, have been of high grade. But there has been no encouragement, that is to say, no practical, universal encouragement from the homœopathic profession at large or from the Institute to those who would require high grade work in the sciences and to those who were themselves prepared to instruct or to further that work.

The time has now come when the Institute, as the central body of Homœopathy, must wake up to the needs of the situation. The homœpathic colleges are placed in such a position that they can now rarely obtain, as instructors in the fundamentals, men who are properly qualified in their respective subjects, and at the same time possessed of any knowledge of homœopathy, to say nothing of their being men who are loyal to the cause or enthusiastic for it. As is well known, the first years of the student's life in college are the formative

years; and if he does not receive from his instructors adequate and unbiased information regarding homœopathy, he will not have that proper foundation in and respect for it which any student in a homœopathic college should have. It is manifestly essential to our preservation that homogeneous faculties of "A 1" rating be built up and maintained.

In order to meet this situation it will be necessary for the Institute, the colleges and the profession at large to seek out, encourage and properly support those men of homœopathic proclivities who are willing to prepare themselves both in education and in time for positions as instructors in the colleges. There should be in the Institute a Bureau of the Medical Sciences devoted to the interests of anatomy, histology, embryology, chemistry, bacteriology, pathology, and the units of sanitary science. In this way these most necessary elements of a student's curriculum and of a practitioner's basic knowledge will be recognized officially and those interested in instruction and advanced work according to modern ideals be encouraged and the true cause of homœopathy advanced.

SOME OBSERVATIONS ON THE COLLEGE CURRICULUM*

CLAUDE A. BURRETT, Ph. B., M. D.
Registrar, Homœopathic Medical College, University of Michigan.

The modern scientific tendency has affected every branch of learning. This is so much a laboratory age that not only are chemistry, physics, and biology taught by the laboratory method but such subjects as psychology, political science, economics and sociology together with many other branches have their laboratory courses. To-day the student not only wishes to arrive at a conclusion by reason and logic but in addition he has to have a personal demonstration. This method of teaching also has the very great advantage of appealing to the senses of touch, smell, sight and hearing; all of which increase the impression made upon the mind.

A half century ago a literary college consisted of dormitories, class rooms, library and a faculty. To-day these colleges are having to struggle for their lives to readjust them-

*Presented to the College Alliance, Chicago, Feb. 25, 1914.

selves to the demand; for the laboratory method carries with it tremendous expense for equipment and maintenance. This same demand is being felt by the secondary schools. As a result unless a high school is able to provide well equipped experimental courses in the sciences, its graduates are not recognized by the entrance committee of the modern college.

The history of the medical school is no exception to the rule of other educational institutions. Our colleges are equipped with the most expensive apparatus for the teaching of anatomy, physiology, bacteriology, pathology, for surgical demonstrations upon animals and clinical laboratories. Some medical examining boards require that a student be graduated from a college having a certain number of men of its faculty who devote their whole time to college work. These whole time teachers are usually laboratory men. The visiting layman and prospective student receive a favorable or unfavorable impression when visiting a college, depending not altogether upon the names of great professors appearing in the catalogue but upon the showing made by the laboratories in that college. No other branch of learning can be taught better by laboratory methods than medical science. No other institution so fascinates the layman as one in which there are laboratories where subjects pertaining to the human body are taught.

It would not be unfair to the scientific world to say that Samuel Hahnemann was one of the pioneer scientific experimenters of medical times. It certainly would be true with reference to the administration of drugs. He was a noted chemist and he used that knowledge as a groundwork in conducting a series of experiments with drugs on human beings, the results of which tended to revolutionize the principles of therapeutics. His work was done half a century before the medical laboratory was developed as we know it to-day. We do not yet know how far ahead of his time he was thinking and will not learn until the fundamental principle which he promulgated is accepted universally by the scientific world.

There were no laboratories open to Hahnemann and his followers, yet those early men conducted experimental work, the results of which represent the materia medica we now study.

Such men as Hughes, Burnett, Hering, T. F. Allen, Carroll Dunham, Wesselhoeft, gathered the crude drugs and material used for medicines, made their own tinctures and triturations, and finally the attenuated drug to be administered to the patient. They were doing the kind of laboratory work which made them men with convictions that could not be shaken, because they saw with their own eyes.

These early men carried their practical laboratory work a step farther. After preparing their own medicines they proved their value by experiments upon themselves, their families and friends. By what better method could those men develop personal confidence or inspire their patients? In proof of what has just been said, read the medical literature of the first twenty-five years of the life of the American Institute of Homœopathy. Every copy of the transactions of those times is filled with reports of just such experimental work as has been cited.

The discovery of bacteria in 1885 marked the beginning of a new epoch in medical science. The germ theory of disease appeared at first to strike a death blow at Hahnemann's law of similars. Scientific men believed that now knowing the unquestioned cause of disease it would be a very simple matter to eradicate pathological conditions by killing the germ. Since the discovery of bacteria there has been a second discovery equally as great as the first and intimately associated with it. It is a fact that bacteria are universally present but usually do not cause disease except when the body has a weakened resistance to such groups.

As a result we now raise the resistance of the body against typhoid fever and by that method make the disease practically unknown in the United States army. The germ then only offers a small part of the cause of disease. We do not kill the bacteria but create a soil in which growth is impossible. I say, then, that the discovery of bacteria and their relation to disease was a severe temporary blow to drug investigation according to the law of similars. I am not sure but it was a partial cause for the so-called drug nihilism of the thinking men of the allopathic school. When they discovered how impossible it was to kill the germ once infecting the body there seemed to be nothing to do but rest back upon the theory of self-limitation of disease. In the light of our pres-

ent knowledge we know that means a patient gets well when he increases his own resistance without assistance, and means no doctoring at all.

The work of Wright of London and Fox of Johns Hopkins, the first with opsonins and the second with rhus toxicodendron sounded a new and refreshing note in the therapeutic world. The one with the product of germ growth and the other with the higher vegetable drug showed that there was a curative relation between the agent which contributes to the cause of disease and that same agent as a cure for the same or a similar diseased condition. That was not new to the homœopathic school, not even the vaccine therapy of Wright, for had not Hering and Burnett fifty years before used tubercular lung content for the cure of that same malady?

Vaccine therapy has taught present day homœopaths a great lesson. It has taught us as it did Peter when he "denied his Lord" to go back to his master with renewed vigor. It has taught us that the greatest curative factor in the treatment of disease comes from within the patient's own body and all that is needed is to give new impetus to body cells which have become intoxicated by poisons from without. In other words the *law of similars* of Samuel Hahnemann.

It is unfortunate that this hesitancy in the progress of our school should have come incident to the bacteria age. For at that time began the general revolution in college teaching. Practically all of the laboratory work of the medical school has come in since that time.

The greatest work of medical science is yet before us. The scientific world must be shown the truth with reference to drug action in disease. It can be done by the homœopathic colleges as by no other body. Some of the advanced men of the old school say that the theory of immunity and vaccine therapy is explained by the homœopathic law. This touches only the edge of the universality of that law.

To demonstrate drug action in disease is the logical work of the homœopathic colleges of to-day. It is not a question of competition with any other scientific group of workers. It is simply our plain duty and the only reason why we should exist. Truths are of value only as they are recognized and made use of. The universal acceptance and application of the law of similars in the treatment of pneumonia alone would

save thousands of lives annually and hundreds of thousands of dollars.

How then may we improve upon our present methods? We can do so by centering our efforts in our colleges around the teaching of materia medica and therapeutics. Surgery, gynecology, obstetrics, and other branches dealing with the mechanics of our science, important as they are, should be regarded as accessory only to materia medica. Every known laboratory asset both as to facts contributed and equipment should be utilized in a laboratory for the teaching of materia medica. The student in his sophomore year should have a course which compels him to see, feel, smell, taste, and in every way familiarize himself with the drugs used for medicinal purposes. He should be required to prepare the tincture, trituration and attenuated remedy.

The various biological products should be demonstrated and by actual experiment show how the old nosodes are prepared and then demonstrate to the student the fact that Hering and Burnett were a half century ahead of the thought of their time when they proclaimed the curative value of the nosodes.

By such a course wisely elaborated will the present and coming generation of medical students be taught the real value of the drugs they are to administer. By such methods will a foundation be laid for drug proving and research. And out of the fruits of such work, and by no other, will the scientific world be convinced of the truth of the law of similars. No amount of talk about what has been done by homœopathy, but an honest, earnest appeal for endowment to carry on hard work along these lines will spell success.

The college materia medica laboratory is the place to start the embryo doctor on his way in therapeutic learning. Hard toil has its reward in a way that is never failing. Out of such a laboratory will come men prepared to carry on drug research and there will be built up in every college a research department distinctively our own. Our colleges will then be true institutions for the development of therapeutic specialists whether they be surgeons or ophthalmologists. Such a work will have for its reward medical unity. And disease will have lost much of its terror.

Why do we hesitate in our support of this, the only excuse for our existence? Why do we hesitate when every scientific step in chemistry, physics and biology is a vindication of our principle? We believe it is because a groundwork is not sufficiently laid by actual laboratory experimentation. The truth is at our feet and is being gradually rediscovered in the scientific laboratories of the present day.

Men of our faith are better fitted to teach and be taught because we are familiar with the history and literature on this subject.

The results of such research should be published, and published in such a way as to be available for future generations as well as the present generation. Our journals are the barometers which register the medical thought of the time. If they are to record the conditions as they exist, all the scientific papers should be printed in them. On the other hand when such material appears in journals of the old school the true identity of the author is not made known in the majority of instances.

It is the belief of your speaker that the official journal of a society is the most important agency in maintaining its membership. In the case of the American Institute only a very small percentage of its membership attend any single meeting or ever will do so. If its official journal is a live, valuable, scientific publication that brings something worth while to the reader, it then will give value received for a membership in the society. The same holds true of the journals of state and other societies of the school. To make these journals worth while then, every paper written by men of our school and the material brought out from our research efforts, should be given to our own magazines.

We are aware of the excellent work being done by the Hering Research Laboratory of Hahnemann of Philadelphia and of the Evans Memorial of Boston University. It is all commendable. What we are making a plea for, is the laboratory for the undergraduate study of materia medica. When that is accomplished then the keystone is placed which makes all the other laboratory and clinical courses one firm medical and surgical structure.

We don't want students to study in our colleges simply because they are to be homœopathic doctors, but because having

studied the principles and practices of homœopathy they are better equipped to treat the sick. We believe a physician who thoroughly understands homœopathic materia medica is better equipped to cope with disease, whether it be the after care of a surgical case or attendance upon an obstetrical case.

We stand out as a school of medicine for but one reason, but that principle enters into the treatment of every pathological condition. Let us remember that there is still and always will be work to be done in drug pathogenesy. May every college of our school maintain a required laboratory course in connection with the department of materia medica, and out of it will come better doctors and our literature will be filled with the results of pathogenetic research.

MEDICAL COLLEGES AND STATE BOARDS OF EXAMINERS*

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Right to an Education.—To acquire an education is a natural right. This right is protected by the law of the land. The right to an education includes the right to acquire an education generally and an education along special lines, that is, an education in general so as to become and be known as "learned", "educated", without possessing a special training and consequent presumed fitness for any recognized special line of human endeavor; and an education fitting specially for a calling or profession, demanding a peculiar training in order efficiently to meet the demand of such calling or profession. To acquire a medical education is the natural right of every American citizen, a right which may not be denied him, either as to the place where or the manner in which, he may choose to acquire such special or professional training.

To practice not a right.—To practice any one of the learned professions is *not* a natural right. No one has a right to practice law or medicine except under the regulations the State may prescribe. To practice law or to practice medicine is not a privilege, much less a right, of citizenship, guaranteed and protected by the law. While to practice medicine is not a natural right nor a privilege of citizenship, nevertheless such right to practice is a qualified franchise or prerogative, the

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qualification being the compliance with the regulations imposed by the state. If the regulations so imposed are met, the right to practice becomes a legal right, protected by the law.

Mission of Medical Colleges.—To furnish a medical education to all who desire is the purpose of every reputable medical college. There are two kinds of institutions furnishing such special training, namely, state institutions and privately owned institutions. In this discussion I shall eliminate the state institutions and confine myself to medical colleges owned and operated by private corporations. Since the right to acquire a professional education is a natural one, medical colleges are entitled under the law to furnish such an education to all who apply, but being private corporations, may impose such qualifications as they see fit upon those who seek to enter their walls as students. What these qualifications should be no one, not even the state, can dictate to these corporations, provided always that such qualifications do not violate the law.

Right to teach different from the right to practice.—Remember, however, that the statement just made is limited only to the point of permitting a person to become a student in a medical college for the purpose of acquiring knowledge of the science of medicine. As far as the right to practice is concerned, after the acquirement of such knowledge and training, the statement referred to does not apply since it has been judicially held that while no state by its laws, and no agency of the state, by its boards or other tribunals, can dictate to privately owned medical colleges whom they shall receive as students and what they shall teach, nevertheless when it is proposed by such privately owned institution to prepare men and women for the practice of the medical profession, then the state by its laws and by its boards, may direct and even command what shall be taught and how long such teaching shall continue. The distinction has been clearly drawn by our courts, as already stated, between the right to acquire a professional education and the additional privilege to practice the same. The amount of professional education a person may acquire lies entirely within his own discretion, but the amount and kind of such professional education necessary to entitle the person acquiring the same practically to apply his acquirements, is subject to state supervision and control.

Purpose of State Boards of Examiners.—The state having the right to supervise the practice of a profession and to dictate upon what terms persons may so practice, it becomes necessary to determine in what manner such supervision shall be exercised and in what manner the laws regulating the practice shall be administered. Hence state boards of examiners have been appointed in practically all of the states of the Union. To these boards are given large and important powers; in some instances, possibly, too large a discretion. Nevertheless it must not be forgotten that these boards represent a department of the state, a branch of that power of the commonwealth known as the police power. The police power of a state is a very elastic function, made necessary by our constantly increasing complex civilization, but nevertheless cannot be exercised as an unrestrained power of the state. Boards of examiners, while clothed with important functions and powers, cannot exercise any discretion beyond that given them by the law itself or necessarily implied from the provisions of the law.

Relation between Medical Colleges and Boards.—Medical colleges, possessing certain rights by reason of their incorporation and state boards, created for the purpose of regulating the practice of medicine, naturally create a situation where knowledge of rights of the former and supervision by the latter, becomes exceedingly important to both. It is quite clear that it is a question of supreme moment to medical colleges to note what their rights are under the law in order that state boards of examiners do not trench upon these rights by an attempt at unreasonable unlawful regulation.

Difficulty in so many standards.—I take it for granted that all medical colleges worthy of the name intend to comply with all legal requirements in fitting their students for the practice of the profession. The presumption of law is to that effect. But the first difficulty that presents itself to a medical college fitting students for the practice of medicine is the fact that the various states have varying medical practice acts. All the states that have medical practice acts, as far as I know, require as a condition precedent to application for practice in the state, a diploma from a medical college. It is generally stated in these laws that such a diploma shall be from a *reputable* medical college. It is generally further provided in the law itself what shall constitute a reputable medical college. The diffi-

culty is that in defining what shall be considered a reputable medical college, the laws of the various states are not uniform and it is quite probable that the test of reputability in the United States may be forty-eight-fold. This situation presents a very practical difficulty to an honest medical college. What to do under these conditions is a question which each medical college must solve for itself. As a general rule, I would suggest that meeting the requirements on this point of the most exacting state would come very near solving this difficulty. In other words, a medical college which will prepare its curriculum and conduct its college so as to satisfy the demands of the state having the strictest regulation will have solved this somewhat difficult proposition.

What is a reputable medical college?—I have already stated that most of our medical practice acts define what is a reputable medical college. In this respect it must be remembered that the word "reputable" means something more than having a good repute. It has been judicially held that it means practically the same as character in the case of an individual, namely, efficient in fact, furnishing a professional education which is on a par with the advanced stage of the science of medicine, giving a training which in fact prepares the student for the practice of the profession, sufficiently equipped to furnish such training and insisting that persons seeking to acquire such an education actually have acquired it before certified as qualified by a diploma.

Definition of reputability.—The legal requirements as to "reputability" of a medical college are generally defined by our Statutes as:

First, That such college require at least four courses of seven months each, taken in four different calendar years; and

Second, Require for admission to its curriculum a preliminary education equivalent to graduation from an accredited high school.

It would seem that little difficulty would be experienced by medical colleges in complying with these simple requirements and that boards of examiners should have no difficulty in enforcing them. Nevertheless on these two points we find frequently a contest between medical colleges and state boards of examiners. It is assumed in this connection that both the colleges and the boards, where a contest arises, are acting in

the utmost good faith. Unfortunately, that is not the fact in all cases.

Differences encountered in enforcing reputability.—The first difficulty that often arises between medical colleges and state boards of examiners when attempting to enforce this statutory definition of reputability, is in regard to the preliminary education required. It is the policy of the law, it is the policy of the profession generally, I believe, that a person now seeking to enter into the practice of medicine ought to be a broadly educated person, educated generally in addition to his professional equipment. The time has passed when a man can leave the farm or a trade with barely a common school education, and enter upon a training purporting to fit him for the practice of medicine. While some of the most noted and successful practitioners of the past have been men without any preliminary educational training, this fact does not justify us now in ignoring not only the desirability but the necessity of a preliminary nonprofessional, general education.

Preliminary education equivalent to high school.—It is to be noted that the statutory requirement as to a preliminary education provides that it shall be "equivalent to graduation from an accredited high school." The trouble in this connection is to determine what is "equivalent" to a high school education. Hitherto medical colleges, with the permission of state boards of examiners, have allowed students who were not graduates from an accredited high school and who were deficient in some of the branches required of high school graduates, to be conditionally matriculated, permitting such deficiency to be "made up", during the first year of the medical course. One Supreme court, at least, has held that such procedure is a reasonable one and that a state board of examiners could not refuse to recognize the graduates of a college so permitting a student to supply his admitted deficient preliminary education. However, in my personal opinion, such a procedure is a dangerous one and to a great extent emasculates the requirements of a proficient and sufficient preliminary education. In New York no such conditional matriculation is permitted on the part of the medical colleges who desire to be registered in that state. I believe such a regulation is a reasonable one and ought to be readily endorsed by first class medical colleges. I would, therefore, be inclined to hold that any state board which re-

fused to recognize a medical college as reputable because it permitted conditional matriculation in the manner just suggested would be upheld as reasonable and any medical college which would complain of such regulation would be without standing in any court of law and equity.

Allowing credits from other schools.—To receive students from other institutions is a right any medical college may exercise. The only question that can arise is what credit is a reputable medical college to give a student coming from another college. Of course, it is clear that if such student comes from an institution as reputable as the one which receives him, full credit may be given for the work done in the former institution. But if the student comes from an institution of doubtful reputability the question is an entirely different one and in such case no first class medical college would give such student full credit for work so done, if any credit at all.

Diploma should be of full face value.—A diploma from a first class medical college should mean something—should have a value fully equal to the face of the diploma. Hence I am of the opinion, that if a state board should refuse to recognize the diploma of a reputable medical college in the case of a student where such college gave him credit for work done in another institution known to be not reputable, that is, as not preparing its students efficiently and properly, such a ruling on the part of such state board would be proper and sustained by the courts.

Combined degrees, B. A. and M. D.—In this connection another question arises and that is the matter of combined degrees, that is, giving in some instances a baccalaureate and medical degree to persons who complete the work of an academic course and a medical course concurrently. Of course in the case of a university or college maintaining a medical school as part of the institution itself, the giving of such combined degrees may be without danger to the public, provided sufficient time is devoted to the two courses. It has been established as a regulation by one state, at least, that where a university or college maintains a registered medical school, it may confer academic degrees and medical degrees as the result of a combined course covering six years and in the case of other colleges combined degrees may be given if the two courses, concurrently taken, cover a period of seven years.

Mere affiliations.—It is a matter of common knowledge that many medical colleges now are affiliated, more or less closely, with colleges or universities conferring academic degrees. The danger lies in this connection in the fact, where there is merely an affiliation, often merely nominal, that the combined degrees may be given to a student whose work, either in the academic department or in the professional department, has been deficient, either as to time or the character of the work done. It is the clear purpose of statutory regulations that a college in order to be reputable shall give, and insist upon its students in taking, four full courses of special professional training before a diploma be issued, attesting the completion of such training.

Purpose of medical legislation.—Medical practice acts were enacted for the protection of the public. This object is the only one which justifies their enactment or their enforcement. The regulation of the practice of medicine is not for the purpose of protecting the profession, much less for the purpose of protecting medical colleges. Hence, every supervision and regulation of the practice of medicine must in some way be conducive to the reasonable protection of the public. Rules and regulations which go beyond this will not be endorsed by the courts when there challenged.

Statutory rules and board rules.—Hitherto I have been considering statutory rules and regulations as to the reputability of medical colleges, reputability in this connection meaning the recognition of the diploma of such medical colleges by the examining boards of the various states. Broadly speaking, it may be stated as a principle, that provisions of a statute defining what shall be considered a reputable medical college will be sustained by the courts and hence can be enforced in all cases where the medical practice act itself has been held constitutional if the constitutionality of such act has not been challenged. But the statutory rules and regulations on this point are not the only ones because practically all state boards have adopted additional rules and regulations by which they measure the reputability of medical colleges and which they seek to enforce. Under this branch of regulation arise questions which courts frequently have been called upon to decide. In deciding the rules and regulations of a board of examiners, courts have properly adopted much more stringent principles and have scrutinized such rules with much more care than

when considering statutory rules. And there is good reason for this attitude of the courts. The human element of state boards of examiners cannot be eliminated. The unfortunate existence of various schools of practice in the medical profession furnishes a field for discrimination, into which some boards have not hesitated to enter. The general rule of courts when considering the regulations of a state board of examiners is that such regulation must clearly be reasonable, that is, the enforcement of a regulation so adopted must clearly tend to promote the protection of the public against the unlawful practice of medicine. It might be stated that while statutory rules must also be reasonable, board-made rules must be more reasonable; by which I mean that the direct benefit of the enforcement of such rules to the public must be clearer than in the case of statutory rules.

Statute-given power to make rules.—Generally the medical practice acts of the various states give the boards of examiners power to adopt rules and regulations, although the function thus conferred is generally quite limited. Thus the Wisconsin Statutes provide that "said board shall have power to adopt such rules for its government and may require the filling out of such blanks by applicants as it may deem necessary in order to ascertain the true character and qualifications of an applicant for license, and the board may, in its discretion, refuse to grant a license to any person who does not furnish satisfactory proof of good moral and professional character." This rule, of course, is entirely and clearly reasonable. It gives the board no power to determine the reputability of a medical college by rules of its own beyond those given in the Statute itself. The power to make rules conferred by this provision clearly means the making of rules for an orderly method of doing the ministerial business of the board. No medical college need fear any rule of this kind.

Rules of other state boards.—Other states, however, have not been so careful and circumspect in conferring upon boards of medical examiners the power of making rules and regulations to determine the reputability of medical colleges. Probably the most liberal conferring of power in this respect has been in the State of New York. The method of regulating the practice of medicine in that state, including the determination of what are reputable medical colleges is *sui generis*. A Board of

Regents, meaning the Board of Regents of the University of the State of New York, appoints nine members to constitute the board of medical examiners; but this board of examiners is given merely the power to perform the clerical act of examining candidates for licenses, since the questions that may be asked in any particular examination must be submitted to the Regents and approved by them and the Board of Regents determines who may and who may not take this examination and the examination itself is conducted by an examiner appointed by the Regents, and a license is issued by that body. This Board of Regents makes all the rules and regulations governing the practice of medicine in the State of New York, has been given the power to make, and has made rules to determine the reputability of medical colleges. The medical practice act of that state directly confers upon this Board of Regents the power to establish a standard of reputability of medical colleges. Consequently the Board of Regents of New York have divided medical colleges of the country into three classes, namely, those whom they have registered, those whom they have accredited and those whom they refuse to recognize at all. The highest grade attainable by a medical college in that state is to be registered by this Board of Regents and, in passing, I may state that colleges who have been so registered have been recognized generally, whether properly or not, as the highest grade of medical colleges and such registration has been accepted by state boards of examiners generally as a badge of complete and unquestionable reputability. As far as I know, the statute of no state has made any provision that registration of a medical college in New York shall be accepted by the various state boards as conclusive evidence of reputability, although it may be stated that if the Board of Regents of that state have adopted and enforced reasonable rules and regulations on this point and have acted without prejudice or bias, no wrong has probably been done or will be done to any particular medical college.

The rules of the Regents of New York.—I will now briefly consider the general rules and regulations that have been adopted by the Board of Regents of New York as determining the reputability of a medical college, to wit, the requirements for registration in that state of such colleges. These rules are:—

Amount of equipment.—(1) The college must have apparatus and equipment and resources of $50,000. This rule, in my opinion, is dangerously near the line, dividing a reasonable from an unreasonable rule. It must be admitted, however, that a reputable college to do efficient and satisfactory work as an institution of professional learning must have adequate equipment, and possibly a certain financial value of such equipment may be a test of the sufficiency thereof. Therefore, it is more likely that this rule would be held a reasonable one in case it was tested in the courts.

Six salaried instructors.—(2) A college must have at least six full-time, salaried instructors, giving their entire time to medical work. I am inclined to think that the requirement of having six full-time professors or instructors in a college is a reasonable one, but there is some doubt as to the added requirement that such instructors be salaried. If some enthusiastic and able member of the profession is willing to give instruction without compensation that ought to be the business of the particular college, as well as its good fortune. I understand that when a medical college applies to New York for registration the names of the salaried instructors and the amount of salary paid each must be given. If the Board of Regents of that state should decide that the salaries paid such instructors were too low or too high, and on that ground refuse to register a medical college, such decision would be unreasonable and would find no support in a court of justice and equity. On the whole the regulation generally that there be six full-time instructors in a medical college, in order to be registered, would be held a reasonable regulation.

Full four year course of instruction.—(3) The college must have a graded course of four full years of college work in medicine and this has been construed by the Regents as meaning four school years in the medical college itself. This rule is merely a re-statement of the statutory rules I have already discussed and the only possible exception that might be taken to this rule is, perhaps, the interpretation placed upon it that the letter of this rule is violated by the granting of a combined academic and professional degree where it might appear that some of the work done by the candidate for the academic degree was accepted as work done for the professional

degree. Except for a possible narrow and prejudiced construction of this rule, it would be held reasonable.

Preliminary educational requirement.—(4) A college must require for admission not less than the usual four years of academic or high school preparation, or its equivalent. This rule is entirely reasonable because it is merely a repetition of statutory rules generally on the question of a required preliminary examination.

No conditional matriculation.—(5) The college shall not matriculate conditionally students deficient in any part of the preliminary educational requirement. This rule may or may not be reasonable, depending upon its interpretation and application. If the rule is interpreted to mean that no medical school shall matriculate a student for the purpose of granting him a degree so as to be eligible to take an examination for admission to practice, then the rule will be sustained as reasonable. If, however, it should be interpreted and applied as meaning that under no conditions shall a medical college matriculate a student so as to enable him to study medicine, unless he has met all the requirements of a preliminary education, then the rule would be unreasonable and not sustained. By this last statement I mean that such a rule could not prevent a medical college, if it so desired, to matriculate students who desire to acquire medical knowledge, but who are deficient in their preliminary education, provided the college informs the students that it could not and would not grant them a degree upon the completion of the course by reason of deficient preliminary education. The Supreme Court of Wisconsin has held that a rule of an examining board, determining that a college is not reputable because some members of its senior class are deficient in the preliminary education and that therefore recognition should not be accorded to other members of the same class not affected by this infirmity, was unreasonable and compelled the board to recognize such members of the senior class of the college in question who had the necessary preliminary education.

Statements in announcement or catalogue.—(6) The circular, information, announcement or catalogue of the medical college must not contain statements which are in violation of the rules adopted by the Board of Regents for the right of registration. It strikes me that this rule goes a little too far

to be held reasonable. The purpose, no doubt, is that medical colleges shall state to the world in their publications the exact truth as to the work done by them, and that they shall not publish one course to the world and upon application for registration contradict such statement by their admissions on the application blank. The real objection I have to this rule is that it gives an opportunity for the Board of Regents, or its employees, to split hairs, to cover up prejudice or bias under a strained construction of the letter of their own rules, and I am satisfied that if a college could show in court that it has substantially complied with the spirit of the reasonable rules of the Board of Regents, *it could compel registration,* notwithstanding statements found in its announcement or catalogue. Of course, I base this last assertion upon the assumption that no fradulent statements are published by the medical college. It has been judicially determined that a rule of a board of examiners to the effect that a college shall be deemed disreputable because it accepted students at lower rates than those published in its announcement or catalogue, was unreasonable because the college is a private corporation, and hence has the right to make all lawful contracts and even to discriminate in the tuition it charges its students, if it so desires, and the students do not complain.

Disreputable if it matriculates deficient student.—(7) Another drastic rule seems to have been adopted by the Board of Regents of New York providing that any medical school that matriculates a student who has not completely complied with the admission requirements must be forthwith excluded from the list of approved schools. While I generally endorse this rule as purporting to compel medical colleges generally to insist upon an adequate preliminary education on the part of the student seeking matriculation, yet, as already indicated, a strict enforcement of this rule which would result in striking a medical college from the registration roster of that state simply because the college permitted an unqualified student to register under an arrangement that he was not to receive a degree would be held unreasonable and unjust.

Allowance for work done in other institutions.—(8) The college must make no allowance whatever in the period of study for work done in a non-accredited medical school. No credit is to be given graduates in liberal arts and sciences, in

dentistry, in veterinary medicine, in pharmacy and other subjects taught in professional and technical schools, not medical. This is an entirely reasonable rule and would be uniformly sustained. Of course this rule is not enforced to the letter in cases where properly combined baccalaureate and medical degrees have been given under conditions hereinbefore discussed.

Result of New York rules.—From the last hand book published by the University of New York, giving the laws, rules and information with regard to the practice of medicine in that state, it appears that of the 120 medical colleges in the United States, 74 are registered in New York, 34 are accredited and 12 are not recognized or listed at all. As near as I can gather from this record, 5 homœopathic medical colleges are registered and 3 are accredited. As already suggested, registration of a medical college in New York has been accepted as the badge of highest standing of such college. It may be stated as a fact that a diploma from these 74 registered medical colleges will be accepted by all state boards as a diploma from a reputable medical college, while a diploma from an accredited college will be subjected to scrutiny and, no doubt, in some cases would be rejected as not given by a reputable medical college.

Medical colleges not for profit.—I take it for granted that corporations owning, maintaining and operating medical colleges have engaged in such enterprise not with the primary view of conducting a commercial undertaking, but rather for the purpose of furnishing an opportunity to the men and women of the land of equipping themselves properly for the noble profession of the practice of medicine. Hence these corporations welcome any movement or any legislative enactment which will have a tendency to raise the standard of the profession. The trouble with many of our state medical practice acts is that these laws are too complicated in many instances and too difficult of successful administration, to accomplish their purpose, namely, effective protection to the public. In my judgment, one remedy, if not the remedy, for our present ineffective medical legislation, can be found in the enactment of a simplified medical practice code eliminating the unnecessary existing provisions, avoiding unnecessary limitation upon the practice and making violations of such code serious criminal offenses.

Attorney for state board.—I have been the attorney for the Wisconsin State Board of Medical Examiners since 1897, the year of its creation. I have been concerned in the preparation of practically all of the medical acts upon the statute books of Wisconsin. I have conducted the prosecution in practically all of the cases where persons were charged with violations of the medical laws. The laws of Wisconsin are as stringent and drastic in regulating the practice of medicine and in punishing violations of the practice act as those of any state. Yet after all these years of experience, as just indicated, I am compelled to admit that the quack and the medical charlatan is still abroad in Wisconsin, that imposition upon the public on the part of these confidence men is practically unabated and that repeated convictions and punishment of the malefactors have apparently made little impression upon these exploiters of human infirmities. In fact, the prevention of practice on the part of those who have absolutely no qualifications has been substantially a failure.

The simplified Wisconsin act.—For the past two years I have been seriously considering what could be done in the direction of simplifying our medical practice act and making it effective when so simplified. After gathering information from all available sources, consulting those who rightfully might be considered experts and as a result of my own personal experience and observation, I finally reduced my conclusions to concrete provisions and drafted a new medical act for the State of Wisconsin, repealing all the existing statutes and secured the introduction of the same into the Legislature of 1913. Since this bill contained a number of novel and, perhaps, revolutionary provisions and since medical men generally, as well as medical colleges are interested in everything legislative which affects the practice of the profession, I desire, in connection with the subject under discussion, to submit to you a few of the leading features of this bill.

The underlying purpose of the bill.—The underlying purpose of the proposed legislation was the enactment of some broad, comprehensive, liberal practice act which would sufficiently protect the public from harm and yet give every full grown person, of full mental capacity, the opportunity, if he desired it, to be experimented on by the exploiters of new systems, thus giving such full grown persons the full benefit, as

well as the necessary results of the "liberty of contract" so much insisted on. The proposed act also afforded the apostles of alleged new methods of healing an opportunity to demonstrate either the merit of their alleged systems or the utter folly and viciousness of their boasts.

Non-sectarian bill.—The act further sought to eliminate from the legal requirements of the practice of medicine all sectarianism, schools or systems of practice, and based such requirements entirely upon the educational and professional training and fitness of the applicant for admission to practice, and further gave everybody who had the necessary preliminary and professional education and training an opportunity to practice the healing art in any form he chose. If a person had the necessary educational qualifications demanded by the act, he might practice medicine or the art and science of health in any way he saw fit.

Equality of all practitioners.—Furthermore the act placed all practitioners, as far as legal authority to practice was concerned, upon an absolutely equal basis so that it could not justly be charged that any favoritism was shown for any particular system or school of practice. Operating under this act, if it had been adopted, the defense of persons prosecuted for violating the medical practice act that they could not obtain a license and hence legally follow their profession, even if they had the necessary qualifications, because their special school or system of practice was not recognized by law, nor an examination therein permitted, was eliminated.

Preliminary and professional training maintained.—Coming to a few of the concrete provisions of the act, the existing standard requirements as to a preliminary education were maintained as were also the requirements of a professional training in a reputable scientific school or college. It will be noted that while the act had in view the giving of an opportunity to all persons to practice the healing art in any form, nevertheless it denied this opportunity to all who had not a general preliminary education sufficient to place them among persons who are considered fairly well educated. This requirement would eliminate at once that horde of drugless or other practitioners who have been recruited from the alleys and by-ways of life. It was not proposed to submit the health

and lives of the community to the bungling and ignorant mercy of the blacksmith, the lumber-jack or the roustabout.

Only seven essentials required.—The many subjects now provided by statute in which the Board of Examiners was to test the knowledge of the applicant, were reduced to the seven fundamentals: anatomy, physiology, histology, pathology, chemistry, general diagnosis and hygiene. The important factor in determining whether a particular applicant for the practice of medicine is fitted therefor or not, is not the examination by any particular board of experts, but the general and especially, the professional training and education he has had. Hence under this new legislation boards of examiners would have had but seven subjects upon which to conduct examinations, such examinations being practically merely a corroboration of the educational record presented by the applicant, and not really the test of his fitness. It will at once appear from this that under such a statutory proceeding and regulation, the importance of medical colleges in preparing persons for the practice of medicine would be greatly enhanced, their scope of usefulness to the community greatly broadened, and their responsibility for furnishing correct, thorough and comprehensive instruction in the science of medicine and surgery greatly increased. To the like extent the importance of boards of examiners would be reduced, their duties lightened and their powers curtailed. A medical practice act like the one now under discussion would truly make the honest reputable medical colleges of the country the most important institutions of learning in the land and confer upon those engaged in giving instruction in these institutions a power for usefulness second to none offered by any other human endeavor.

Non-licensed persons allowed to practice.—The most novel feature of the proposed act was the permitting of those who did not or could not secure licenses to practice medicine or the healing art under certain limitations. Such persons were permitted to practice their peculiar cult provided they displayed prominently upon all their advertisements, signs, cards, letterheads, office door, or window, circulars, or any literature used in connection with or with reference to their vocation the following words—"Not Licensed to Practice Medicine or Surgery in Wisconsin." This provision merely compels such unlicensed persons to practice what they claim to be the healing

art under true colors, something of which they could not legitimately complain.

Limitations upon such practice.—The act further provides that such unlicensed persons should treat or undertake to treat only persons of full age and of full mental capacity and compel such persons to notify every individual before beginning any treatment that they are not licensed to practice medicine in Wisconsin. This was merely compelling these persons to tell their prospective patients just what and who they are. Such unlicensed persons were not permitted to treat any minors or any persons mentally deficient, nor were they permitted to treat contagious or venereal diseases. Children and the incompetent are the special wards of the state, and, therefore, under the special protection of the state, and hence it would be unfair and even cruel to these wards to allow unlicensed practitioners to experiment upon them, experiments which no doubt in many, if not all, cases would be exceedingly dangerous. Contagious diseases also receive the special attention of the state because of the danger to the public that results if such diseases are not carefully supervised and proper preventive steps taken when discovered in any locality or found to exist in the case of an individual.

Duty done and penalties inflicted.—With the limitations upon the practice of unlicensed practitioners of the healing art just noted, it is considered that the state has done its full duty in protecting the public against the danger of the unskilled practice of medicine. If full grown men and women possessing all of their mental capacities desire to be treated for ailments not contagious, by persons who inform them that they have no license to practice medicine, then the state owes them no further duty and they ought to be at liberty to exercise the right of contract in this connection to their heart's content. The penalties imposed upon unlicensed practitioners were severe, not mere fines, but imprisonment for long terms. The object of imposing severe penalties was to prevent unlicensed persons from going in their alleged practice beyond what the strict letter of the law allowed, because it has been the experience of the past that if you open the door but ever so slightly to the irregular practitioners of the healing art, they will soon insist not only upon the door being opened

wide, but upon occupying the whole premises to the exclusion of everybody else.

Opposition to the proposed act.—Of course, some opposition to the enactment of this bill existed even among medical practitioners, but it is not my purpose to discuss or consider these objections here. In passing, I desire to state that if there be any merit in the several or in any of the systems of healing now being exploited by persons who claim to have seen "a new light", then an opportunity ought to be given under such restrictions as to reduce the danger to the public to a negligible point, to demonstrate such merit. If there be any merit in any of the systems of healing, no amount of legislative restriction or even prohibition, will prevent ultimately the adoption of so much as does possess merit.

Would be effective in eliminating quackery.—In my judgment, a medical practice act along the lines just discussed in the merest outline will solve the hitherto unsolved problem of eliminating the traveling and sedentary quack from longer pestering the community and imposing upon the unfortunate. Quackery shuns the day. Light kills it. If all of the charlatans were compelled to carry their proper label, and this compulsion could be easily enforced, they would soon scatter to unknown parts as rapidly as rats desert a sinking ship. If such were the result, and I am satisfied that it would be, aside from the complete protection of the public thus secured, the medical profession would be immensely benefited, the respect of the community for the calling greatly increased and medical colleges which prepare the practitioners of the profession would be greatly benefited in more ways than one.

Result of the attempt.—You may be interested to know what became of this bill. It was defeated. After I had secured the introduction of the proposed legislation, and it was referred to the appropriate committee, the hordes of unlicensed and unlicensable practitioners opened their mud batteries and bombarded the members of the Legislature with tons of protests. The public discussion lasted from two o'clock in the afternoon until eleven o'clock at night. A few of the leading medical men of Wisconsin and myself presented our arguments in favor of the proposed legislation and all that the opponents presented were mere protests, appeals for the right of the parent to give his children such treatment as he chose;

abuse of the medical profession generally as a medical trust, and all the stock arguments or rather statements of the ignorant or vicious imposter. Upon the desk of every legislator were at least two hundred letters, protesting against the enactment of the proposed legislation. The result was quite inevitable. Legislators are generally politicians who are "afraid of the cars," especially of the political cars.

The fight continues.—Nevertheless I have not given up the fight. So convinced am I that the lines along which this bill was drawn are the correct ones and that the trail now partially blazed will lead to a correct solution of effective, reasonable and just medical regulation that I have entered upon a campaign of education during the current year while no Legislature is in session and will see to it that a similar bill is introduced into the next Legislature. I have thought it fit and proper to submit the general outlines of this act to you men who are interested in medical education, that you may consider the same and study the question, and whether you agree with me or not, I shall be more than pleased to receive your views on this very important subject.

Conclusion.—Returning to a direct discussion of the subject matter of this paper, the relative duties and rights of medical colleges and state boards of examiners may be epitomized into the following propositions:

First: The reputability of a medical college is determined by the statutory definitions of the various states, and unless the acts containing these definitions have been declared unconstitutional, medical colleges must meet these definitions in order to be recognized as reputable.

Second: Such statutory definitions of reputability cannot be modified by rules, regulations or interpretations of state boards of examiners to the prejudice of any medical college.

Third: When statutes grant boards of examiners power to adopt rules and standards of reputability, such rules and standards must be clearly reasonable, that is, the enforcement of such rules and standards must clearly promote the protection of the public.

Fourth: If such rules and standards so adopted by boards of examiners do not clearly tend to the protection of the public, they will be condemned by the courts as discriminatory and hence not enforceable.

Fifth: Medical colleges have a legal right to matriculate any person who desires to study medicine, even though deficient in preliminary education, provided such person is not granted a diploma as a badge of fitness for the practice of medicine.

Sixth: The internal, and especially the business affairs of a privately owned medical college cannot be controlled or supervised by boards of examiners.

Seventh: When a medical college has honestly complied with the spirit of the statutory and reasonable board-made rules and regulations, any further attempt to enforce technical and fine-spun requirements will be defeated by the courts, when registered.

Eighth: The law does not recognize any particular school or system of practice as *the* standard of the practice of medicine, and courts will not tolerate for a moment any discrimination, if proven, against any recognized school or system on the part of any board of examiners.

Ninth: Some day—may it be in the near future—some simple medical practice code, preferably a federal act, will be adopted under the provisions of which boards of examiners will test applicants, thoroughly trained generally and professionally, in the fundamentals only of the science; schools and systems will not be legally recognized or even considered, and the graduates of any honest medical college will be on a footing of absolute equality with the graduates of all other honest medical colleges.

Bureau of Homœopathy.

THE VITAL FORCE.

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Of all of Hahnemann's teachings, none, unless it may be his potentization method, is to-day more subject to ridicule than is his vitalistic physiology and consequent theory of disease. Unfortunately, however, our modern scientists overlook the fact that these theories were formulated with a view to explaining the causal relation positively demonstrated to exist between certain phenomena, the phenomena observed in the homœopathic treatment of disease. Furthermore, they do

not seem to realize that these observed phenomena do not rest upon the explanatory hypotheses of Hahnemann. Rather, the hypotheses were formulated from the observation of the facts, and the existence of facts is certainly not dependent upon the truth or falsity of their explanatory hypotheses. In fact, the progress of science in the last century has been due quite as much to the formulation of new hypotheses to explain the relation between long-known facts, as to the discovery of new facts. In astronomy for instance, Ptolemy and Copernicus both observed the same phenomena in the heavens, but a great advance was made when Copernicus developed a new system to interpret the movements of the heavenly bodies. Therefore, instead of ridiculing homœopathy as being a mediæval system and out of date because a few of its hypotheses are inconsistent with some of the popular present day scientific ideas, it would well behoove these scientists to examine the facts, which exist to-day the same as they did a century ago, and to endeavor to formulate new and modern hypotheses to explain the homœopathic action of remedies, which, I am sure all of us will agree in saying, can be proved beyond any reasonable doubt to all who wish to learn.

Hahnemann was a vitalist; he believed in the existence of that mysterious power in whose action upon the tissues of the organism all the manifestations of vitality originate. In his essay, entitled "Spirit of Homœopathic Doctrine," he expresses himself as follows:

> "What life is can be inferred only from its phenomenal manifestations; no conceptions of it can be formed by any metaphysical speculations a priori; what life is, in its actual, essential nature, can never be ascertained, or even guessed at, by mortals. Life cannot be compared to anything in nature save to itself alone; neither to a piece of clock-work, nor to an hydraulic machine, nor to a chemical process, nor to decompositions and recompositions of gases, nor in short, to anything destitute of life. Human life is in no respect regulated by physical laws which obtain only among inorganic substances. The material substances of which the living organism is composed do not follow the laws to which inanimate material substances are subject; they are regulated by laws peculiar to vitality alone; they are themselves animated just as the whole system is animated. Here a nameless, fundamental power reigns omnipotent, which suspends all tendency of the material constituents of the body to obey the laws of gravitation, of fermentation, putrefaction, etc., and renders these constituents

> subordinate to the wonderful laws of life alone; in other words, maintains them in the condition of sensibility and activity necessary to the preservation of the living whole, a condition almost spiritually dynamic."

Thus does Hahnemann declare his faith in a vital force. But in spite of the ridicule now made of his doctrine, it was by no means without reason. The scanty knowledge which we possess of the formative influences active throughout inorganic nature, did not seem sufficient to explain the complex yet fixed forms of organic life. Their germs at any rate, it was thought, must have an independent origin, even if in their subsequent development they were subject to the universal laws of nature. But further, the peculiar phenomena of growth, nutrition, and propagation, the general fact of the interdependence of continuously active functions, and that of self-preservation in presence of repeated disturbances, all seemed to demand the continued presence of some higher principle. Finally, the undefined but overpowering general impression of prevading adaptation, witnessed to the presence of an end which guided organic nature, rather than a past which blindly compelled it. The conception of a vital force was the first form in which these ideas were united.

But merely thus to give it a name does not tell us what it is, but only indicates that it exists. The name itself is open to criticism. A more proper term would be vital impulse. Every physical force always produces under the same conditions the same effects; under different conditions, different effects; it is always conditioned by a general law, irrespective of the ensuing result. Impulse, however, has the power of changing its manner of operation, not without regard to existing circumstances, but with regard at the same time to a result which does not yet exist; a power of leaving undone much that it might do, and of beginning something new instead, which it is not bound by given conditions to do at all. So the concept of the vital force is that of a power, which, though dependent in a general sense upon material conditions, since the vital impulse never produces anything in a vacuum, is superior to the physical and chemical laws of matter, and gives rise to phenomena which these laws will not explain.

It is quite true that in no artificial production is there any such series of chemical transformation, form-modifications and

functions as could be compared with the growth, nourishment, and propagation of an organic being. But all that this proves is that in the present course of nature, life is a system of processes self-maintaining and self-propagating, and that outside its sphere there is no combination of materials, such as would make the development of such phenomena possible. The real point then to be considered is, whether the vital force which organic beings as a matter of fact exercise in developing themselves and resisting external injury, requires us to assume a principle of action, which is strange to the inorganic world, or whether such vital force is conceivable as an integral factor in world processes, and adequate to explain the given facts.

The first question which now presents itself is concerning the nature of the subject to which the activities included under the name of vital force are supposed to belong. There have been plenty of theories in answer to this question. Some speak of a universal substance of life, which they found either in ponderable matter or in electricity, or some other unknown member of the more refined family of ether. Others regard the soul as the master builder and controller of the body. All these theories, however, have a common defect—it is impossible to deduce difference from a single homogeneous principle, unless we have a group of minor premises to show why the one principle should necessarily develop *a* at one point, *b* or *c* at another. We should have to assume as many different material bases of life as there are different kinds of living things; or else it would have to be shown to what subsequent arising causes it was due that such different forms as an oak tree and a whale could be produced out of one substance. In the latter case the development of life would be at once brought again under the general conception of a mechanism.

In nature, we find that it is not the case that every organic kind requires as the basis of its existence peculiar kinds of matter which it places at the disposal of the one vital force. The most different products of nature are all constructed from the same storehouse of material elements, which are found on the surface of the earth. Hence, however peculiar the principle of life may be in itself, it can never have been free from interaction with that same matter which we know to be also con-

trolled by laws of its own. The principle might issue what commands it pleased, but could only carry them out (supposing the materials in question not to obey them spontaneously,) by exerting those forces to which the matter is naturally amendable. We know that in all cases the contribution which is made by the several co-operating factors to a result in the final form may be of most different amounts. Thus it may be that the form which life is to assume in any given case is already traced by anticipation in some specific kind of substance; but the actual existence of this life is always the result of mechanical causes, in which the original substance would only be *prima inter pares*, contributing just so much to the result as can arise according to the general laws from its coming into contact with the other factors. But that that is the case, at any rate in the sense that there are certain kinds of matter specially privileged in this respect, could not in any way be proved; the natural conclusion which the facts suggest is, that the phenomena of life arise out of a special combination of material elements, no one of which has any claim to be called exclusively, or, in the degree suggested above, pre-eminently the principle of life. The very fact which has been taken to imply a special vital principle, the fact that life is only maintained by successive self-propagation, ought rather to lead to the conclusion that the germ of its development can be found only in a certain peculiar combination of material elements, which maintains and reproduces itself in unbroken continuity. It is, therefore, quite a matter of indifference, whether we shall ever succeed in giving a name to the general form, or in exhibiting in detail the development, of such a material combination in which life is implicit; the point is, that the supposition of a single real principle of life is both impossible in itself and quite barren of results, whilst on the other hand, the only thing which the mechanical view leaves unexplained is the ultimate origin of life. The conception of the mechanical action however, is wide enough to include that of a co-operation, according to universal laws, between spiritual activities and conditions of matter.

But granting this mechanical view of life, yet one can hardly compare the living body to a machine, thus nullifying the distinction between the poverty of our most ingenious inventions and the mighty works of nature; but those who are

so morbidly anxious to leave out of account in their consideration of life all those operations which they can stigmatize as mechanical, need to be reminded that the living body and not inorganic nature, furnishes the models of the simple machines, which our art has imitated.

In order to explain the connection of vital phenomena, a mechanical method of treatment is absolutely necessary. Life must be derived not from some peculiar principle of action, but from a peculiar mode of utilizing the principles which govern the whole physical world. From this point of view, an organic body will appear as a systematic combination of elements, which, precisely because they are arranged together in this form, will be able by conforming to fixed laws in their reciprocal action, and by the help of external nature, to pass through successive stages of development, and within certain limits to preserve the regularity of its course against chance disturbances.

In conclusion let us not forget that the mechanical view of life cannot account for sensation and consciousness, yet is justified because it is the most fruitful postulate in the development of scientific physiology.

Discussion.

Dr. Rice: In this day when physicians are steeped in materialism it is refreshing to meet one who has the courage to read a paper on a subject that is looked upon by some wiseacres as wholly dead and almost forgotten.

That the medical profession is steeped in materialism is shown in the materialistic conception of disease, and in the extravagant use of vaccines, antitoxines, surgery and mechanical agencies for the cure of disease. This is quite as true of the professed believers in the method of similia as it is of those in other schools of medicine.

To a correct understanding of the teachings of Hahnemann a grasp of the vital force doctrine is absolutely essential. Without this, practically all he taught will be meaningless. This is not to say that we must be able to understand the essence of life, but we must be willing and able to see that life is the fundamental factor in every vital process. Whether life is prior to material, or whether material is prior to life is not the question, and in this connection need not concern us in the least. It is, however, very important that we realize that material without life is dead, and whatever processes take place in a dead organism are not vital; they do not in any way tend to life. The process of repair is absolutely impossible

except in the presence of vital force. Create if you will the most perfect chemical conditions, yet in the absence of life force there will be neither growth nor repair. In my opinion we need very much to ponder this great problem, and it is stimulating to the Hahnemannian to see the wholesome interest science of to-day is taking in the matter.

Dr. Krauss: We shall not solve the problem of vital force to-day nor to-morrow. But we can solve the problem of what Hahnemann meant by vital force, and that is the important point. When Hahnemann calls the vital force spirit-like, dynamic, "geistartig," he merely wishes to impress the idea that the vital force is not palpable, not material; that it must be conceived in terms of an impalpable, invisible, immaterial force, but still as a force; and not as it has been translated, as a metaphysical conception. In the foot note to paragraph 31 of the Organon, Hahnemann declares that in considering disease as an immaterial, dynamic alteration of life, an alteration of the vital force, he is far from wishing to give a hyperphysical explanation of disease. The man who translates *hyperphysisch* as *metaphysical* does not know German, Greek or English. Moreover, with Hahnemann, the vital force was not something separate or separable from the living body. In paragraph 15, he declares distinctly that vital force and organism must be considered as constituting one unit. Only for the sake of convenience in thinking, he says most truly, do we separate this unit into the two concepts of organism and vital force. Hahnemann was talking not about an abstract subject but about the living body, healthy or diseased. Hahnemann was specific in every attempt at presentation and definition.

Dr. Wells: Every theory has an hypothesis. There is something we have to assume. We have a right to assume the existence of the earth as one of the solar bodies before the advent of life, and that its creation was the result of solar energies. We must assume our existence to be divided, because God first created man's physical body, and breathed into his nostrils the breath of life, in which act he created man's soul. Before this, man's existence must have been the same as any inorganic body. With the endowment of man with a soul, he assumed an organo-spiritual existence, and it is with that we have to deal. Assuming, as we may, that all things in the beginning were inorganic, our chemo-physical existence has been brought about by the action of vital force, or solar energies, such as heat, light, electrical stimulation, etc., on inorganic bodies under varying environments.

Dr. Royal: This is one of the mysteries. I try to teach the Organon so the average student can understand it. To illustrate what seems to me to be along the line of this dynamic force, I recall these two cases: Back in Rockville, Conn.,

where I once practiced, a young woman dropped dead at the sudden announcement of the death of her husband. Post-mortem examination showed nothing abnormal. A drug clerk, to put an end to humiliation and chagrin, swallowed prussic acid. Death was as instantaneous as in the first instance. What is the force ?

Dr. Irvine: There is a force in nature that we do not understand—there is a force that we never will understand completely, because the Infinite is not to be comprehended by the finite. We realize that the branch of the pear tree grafted into the apple tree will take the sap necessary to produce pears, while the same sap going up another stem will produce apples. What do you call that force—what is it? You may call it the law of selection, if you like—you may call it the same force that causes the chemical particles to adhere, if you like—because it is that power that we do not understand that is back of the whole thing. I maintain that there is a power outside of ourselves and above ourselves which modifies the life within us. I have had too many cases under my own direct observation not to be able to accept this statement.

Two cases come to mind. One is a case of the interruption of a mental process resumed when the disturbing cause is removed. A local train failed to make the switch in time for the Flier. Several people were killed. The engineer lost his memory. For a month, there was no change. Something led me one day to prescribe phosphorus. Before I got to the office I was called back. The man had received one dose of phosphorus. When I reached the patient, he was wild with excitement: "Doctor, there is something the matter with my watch"—the thought that possessed his mind at the time of the accident! The excitement lasted for an hour and the man recovered. The second case was a mother nursing a healthy, strong baby of four months. Suddenly the baby began to lose weight rapidly. Although the mother denied worrying, and I could find no cause, the baby continued to lose weight rapidly. Convulsive movements recurred at every nursing. When I ordered weaning, the mother eagerly accepted the suggestion and followed suggestions on diet. In three weeks the baby was all right. Then the mother confessed to a serious mother-in-law domestic complication which she knew was the cause. The third was a case of a wet nurse to whom word came suddenly that her small boy had shot himself. The woman left the infant she was nursing, ran home, found the accident not serious, returned, took up the baby and nursed it. The baby went into convulsions and died in half an hour. What do you call it?

(From the audience: "Chemical poison.")

Dr. Baldwin: What is chemical poison? That is an end product, not the explanation of the force activity.

ATYPICAL CASES—A REPORT

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In medicine, as in grammar, the exceptions to the rule play the greater part. Probably the most discouraging and disappointing thing that the young practitioner meets is the exception to both text book records and cases seen in hospital service. Such a large percentage of our first cases of any disease seem to resemble that rhetorical term known as "mixed metaphor."

Typhoid probably presents as many variations and complications as any disease. We are taught to be on the alert for these complications, and the disease is one which will keep you guessing until long after the patient has been back in the harness. No two cases are alike, not even with the variations; this to my mind is a splendid argument for homœopathic treatment. No one ever heard a good homœopathic practitioner ask of another this question, "What is your treatment for typhoid now?"

To illustrate the above title I want to present two cases, not that they are such exceptional ones but they serve to strengthen the argument for individuality in prescribing for and looking after the case.

The first case for consideration is that of a woman, age 31, average vitality, medium height and weight. For two days the symptoms resembled an attack of grippe and inasmuch as the patient had been out on a fishing excursion it was very probable. There was bodily aching and all the miseries of grippe. After three days of a belladonna state she lapsed into a lethargic condition, heavily coated tongue, no break in a temperature ranging from 103 to 104 degrees, slight tympanitic condition of the abdomen. It was a fairly good picture of baptisia with the exception that constipation was the rule throughout.

On the morning of the 12th day the temperature was 100.6, pulse 100, patient appeared brighter; but that afternoon a hurry call came, and I found the patient gasping for breath.

A consultant was sent for and a hurried examination of the abdomen revealed no distention beyond the slight tympanitis that had existed from the onset. In going over the chest a

small area of dulness was found in the mid-line of the left lung, upper lobe. There was slight pain on percussion. For seven days carbo vegetabilis was the remedy, the dull spot cleared up and the breathing improved. From the time of the lung involvement there was retention of urine, a sufficient amount secreted but inability to void. All classical and non-classical remedies failed and the catheter was used morning and evening until the fever left.

On the 16th day the right leg became very painful, red streaks along the course of the veins, temperature rose from 99.8 to 101 and 102.4. Baptisia was again given, this remedy seemed the one more clearly indicated. The leg was elevated and hammelis packs, hot or cold as was most agreeable to the patient, were used.

On the 22nd day the remedy was changed to hamamelis, continued for three days when the general picture was that of belladonna. This was continued for five days and hamamelis given for six days when sulphur finished the case. As soon as the patient was allowed to sit up she voided urine freely. Patient had no heroic baths, was given a warm soap and water bath each morning, soapsuds enema to induce bowel movement, no laxatives given at all. Cold sponge baths were given through the day and night at the dictation of the patient. Diet limited to milk, buttermilk and meat broth. Buttermilk being best liked and tolerated. The surroundings of this patient were not the best and her care devolved upon a woman 55 years old who cooked for a family of six, did the housework and was on duty day and night on the case with the exception of ten nights. With the exception of the leg, which still shows some edema and aching from slight over-use, the patient is in good condition and will not venture again to drink unboiled ditch water.

The second case is that of a woman 38 years old, stout, no endurance; history of perineal repair eight years ago and pus appendix two years ago; is in easy circumstances financially, a careful housekeeper and a good liver.

For some time the patient had been troubled with terrible headaches, highly nervous; at the theater or in church could scarcely sit still, felt as if she were going crazy. Had been told by a surgeon in whom she had great faith, that she had rheumatism and that mineral baths and massage would help

her. She came to me and asked that I give her vibrator treatments. When she came for the third treatment she was in terrible condition so I suggested that she let me go over her case with a view of finding the seat of the trouble. I had previously examined the urine and found the sp. gr. 1000. On this day her pulse was 120, blood pressure 176, crying continually, terrible headache, lumbosacral pain, worse when walking. She was given pulsatilla 6x and glonoin 1-100 and told to go home and go to bed. That night I was called and found the abdomen and lumbosacral region very painful and tender. Hot packs were applied and the acute pain subsided. She was passing large amounts of pale urine. The next morning the pain returned and aconite was given. This brought relief but the only indication I had for it was the acute attack and the fact that the patient had been out on a cold rainy day. Inasmuch as the pains flitted around, pulsatilla was again given. Glonoin had been given from the first. A nurse was employed and an electric pad applied alternately over the lumbosacral region and the abdomen. There was slight pain upon urination. I gave methylene blue and cannabis indica tablets morning and evening.

After six days the attack was over, the soreness over the abdomen lasting ten days longer. During this time I made frequent urine tests. The sp. gr. ranged from 1000 to 1008 and up to 1015; at no time was albumin or sugar present and no deposit was found; in one specimen a few blood cells were found; casts not found. The pulse came down to 80 and glonoin was discontinued.

Patient was told to avoid excess of any kind, take only moderate exercise, do no sweeping and go to a lower altitude for several weeks. A diet list allowing a wide range was given with explanations as to why; soon after however she returned to rich heavy foods.

After I had finished with the case, her husband not being satisfied, consulted another physician. He pronounced the kidneys in good condition and said her trouble was rheumatism and nervousness but carefully refrained from stating the cause of the latter. She was treated for a time and finally went to the coast and spent part of the winter there. In a roundabout way I learned that she still has some lumbosacral pain and headaches now and then, she has quit all medication

and has found that following my diet list gives her relief; she also believes that my diagnosis was correct.

To my mind every case is more or less of an exception and no stock method of treatment will suffice; even fairly good homœopathic physicians fall into routine methods. Habits, temperament, surroundings, heredity, etc., must be taken into consideration in treating any case. Neither laboratory methods nor the drug is all sufficient. "All that pertains to the great field of medical learning is yours." Use it. Be a real physician ready to cope with the exceptions, not one whose only qualification is the ability to pass a State Board.

Physical Therapeutics Society.

THE VALUE OF THE PRESCRIPTION MULTIPLIED.

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As the aim of every conscientious physician is to make each prescription of the greatest possible value to his patient, it is imperative that he be acquainted with and equipped to make use of all things that may enhance the value of every prescription he makes.

It is true that great disappointment has sometimes been the outcome of prescriptions, even where the best of intentions and the most comprehensive judgment has been exercised in prescribing; but because the results obtained from an occasional prescription are not what we had hoped for, we should not be discouraged, but rather stimulated to investigate more closely the reasons why occasional prescriptions fail to accomplish the object for which they were intended.

Possibly short-sightedness may sometimes be indulged in but when a physician has exercised his best judgment within the meaning of the term, "ordinary skill", and has administered accordingly, he has legally discharged his obligation toward his patient, and is exempt from further compulsory requirements in the case. The prescription may have failed to modify appreciably the condition, may have been the means of developing the drug habit with the patient; may have caused him to suffer with an x-ray dermatitis; may have incapacitated him from pursuing his vocation in life; or may even have been the cause, indirectly, of his death; yet legally the

physician is exonerated, no matter how loudly he may be condemned by his own conscience. And if the doctor's own conscience condemns him, how can he exonerate himself from his moral obligation toward a fellow man if he has failed to qualify, fit and equip himself to exercise the wisest of judgment and administer the safest and most efficient therapeutic agent for the relief of the patient?

Although in common parlance we usually think of a prescription as having reference to something along the line of a remedial agent that the patient is expected to take internally or have injected subcutaneously, yet a moment of rational thought will disabuse our minds of that fallacy and we recognize the fact that a prescription may mean anything from a cold plunge bath, in the river of Jordan if you please, to a single dose of the c. m. of a remedy, or the most sweeping and hazardous surgical operation.

With some, now-a-days, the size of a dose for internal administration is looked upon as having such a wide range that the maximum and the minimum dose can practically be forgotten, so long as a lethal dose is avoided. Whether we have reference to a highly potentized drug or one in the crude state, to be dealt out in a definite quantity in grains or ounces, or whether we refer to a definite time of exposure to the Roentgen rays from an excited Crookes tube, having a definite vacuum and penetrating power, being operated by an electrical current having specified qualities as to voltage and amperage or whether we refer to any other therapeutic agent, the definite dose is an essential feature in securing the highest value of a prescription.

The value of many a prescription is multiplied by detailed definiteness. The necessity for this definiteness does not depend alone on the potency of the drug or agent used; we must also consider the conditions that are to be overcome and the susceptibility and idiosyncrasies of the patient to the agent employed if we would obtain the best results with all therapeutical agents.

In our consideration of multiplying their value, let us observe three classes of prescriptions:

First, those where we use internal medication;

Second, those where we make use of mechanical appliances;

Third, those where we depend for results upon psychological influences.

The question as to which form we, as individuals, attach the most importance, depends largely on which one we have studied the most searchingly and applied most frequently.

Internal medication. We must look at the action of a drug from two view points; viz., the physiological and the dynamic.

That we may have alleviating results from the physiological action of an administered remedy cannot be denied by any fair minded observer; neither can we deny the fact that in dispensing remedies for their physiological action, we are making unnecessary demands upon the natural resistive forces of the individual.

Generally speaking, giving agents to secure drug effects, is like robbing Peter to pay Paul, and while at times such measures may appear practical, they are, with the present day enlightenment in medicine, to be looked upon as unjustifiable in our ordinary every day efforts to relieve sick humanity.

Would it not be unreasonable to prescribe a diet of nitrogenous food stuffs when the carbohydrates are the character of food stuffs needed by the individual's system?

Why prescribe a material dose of a remedy for its physiological effect and make greater demands upon the resistive and emunctory system of the individual when the dynamic action of a potentized drug will secure better results? Why not assist nature in her efforts to resist disease, instead of making unnecessary demands upon her? In other words, why attempt to drive nature when the results sought are more easily obtained by coaxing?

Mechanical appliances as therapeutic agents. We must consider such efficiency as due to the effect upon cells and circulation and consequent modifying of nerve impression.

The effect on cells is to modify their shape and their proximity to each other. Whatever form of mechanical appliance is made use of whether compression, expansion or agitation, all tend to bring about a modified shape and contiguity of cells to each other. In this effort to modify, each cell is exercised and it is by exercise that cells are brought to their highest standard of efficiency. Cells are thus made to exhibit their strength of physiological power and state of perfection. Like

static electricity (the spirit of all inanimate substance), all animate cells must meet with some form of resistance in order to demonstrate their power.

In animate cells, functional disturbances are to pathological ones as congestion is to inflammation. A functional disturbance in cells may be the beginning of a gross pathological condition.

When every cell of any tissue is at its highest standard of efficiency the tissue composed of these cells is in a physiological condition. A physiological and a pathological state cannot exist in all the cells of any tissue at the same time.

That disease may assert itself, physiological conditions must yield to pathological ones; and in the restoration of abnormalities, pathological conditions must be regenerated to physiological ones.

Any influence that adds to the efficiency of a method made use of to restore a normal condition in any tissue of the body, where a functional or an organic condition exists in cells, enhances the value of the prescription that is made with the intent of assisting nature in the restoration.

Psychotherapy. Psychological measures as a therapeutic agency have been most sadly neglected.

The influence of mind over matter is a factor of every prescription made; whether we will it so or not, whether we believe it or not, every observing and rational-minded man must acknowledge the fact that the influence of the application of psychotherapy whether supported by any other form of therapeutical agent or not, has changed functionally pathologic conditions into physiological ones.

The exact method of operation or the question of just how extensive a pathological condition can be overcome by psychotherapy, unaccompanied by any other form of therapeutical agent, has not been completely explained or determined. But when, in its practical application we see its virtues exemplified, we must recognize its potent power, uncomprehended though its exact modus operandi may be.

If as doctors of medicine, our aim is to become more proficient, how can we justify ourselves if we fail to make use of every element that goes to make each prescription of the greatest value to the patient?

If the employment of suggestion with a prescription adds to the efficiency of that prescription, are we justified in withholding this element because we do not completely understand just how it acts.

If the study of psychotherapy or any other agent is a neglected component of our medical education, may God speed the day when the managing and teaching forces in our medical colleges will be compelled to expound to their students, thirsty for more knowledge, all there is to be known about every therapeutical agent that can add to the efficiency or multiply the value of a prescription.

The public because they have observed the gratifying demonstrations of those outside of the profession in making use of suggestive therapeutics and because many physicians have seemed to develop such a mania for using the knife and such a greed for the almighty dollar, have lost confidence in many instances, in the medical man. The medical man has lost his old time prestige.

Inasmuch as physicians, not unfrequently, are being looked at as men whose greatest ambitions are to carve and to secure filthy lucre, irrespective of the best interests of those who apply to them for relief from their ills, it is high time that psychotherapy and all other potent elemental agents capable of enhancing the value of prescriptions are being recognized and made use of to relieve suffering humanity, for then, and then only, may we hope that the public in general may again look at the medical man as one not only willing but having superior knowledge, wisdom and ability, and therefore best able to render efficient assistance in the hour of deepest need.

The world is moving on apace; there are decided manifestations of freedom of thought with the public. All classes of people are exercising more and more the right to think for themselves, and with this freedom of thought, come conclusions that are being acted upon. The preparation of the doctor and the practice of medicine have been in the lime light for some time, and many among the public are not slow in expressing their opinions on the subject. While some of the expressions indulged in indicate that the medical man has surely lost his old time pre-eminence there is really no occasion to be discouraged for there is a successful remedy which if properly applied will demonstrate its efficiency.

The doctor must move on with the times, free himself of that extreme desire to compel nature to do his bidding by cutting and carving; accept the expounded results of those that have by way of psychotherapy coaxed, requested and suggested to nature until she has done their bidding; then will he be restored to the hearts of his people, the value of his prescriptions will be many times multiplied and many useful lives will be continued for years instead of being sacrificed on the altar of eagerness to compel nature by the application of heroic but unsuccessful therapeutical agents.

Bureau of Clinical Medicine.

TUBERCULOSIS: DIAGNOSIS AND TREATMENT. OPEN AIR, HYGIENIC, X-RAY AND REST.

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There is but little new in the early diagnosis of tuberculosis, which has not been written and many times re-written by most eminent authors; therefore I claim but little originality of thought in presenting the first sections of this paper for your consideration and indulgence. It is hoped, by repeating and re-assembling accumulated points of interest, to arouse a more ardent spirit of investigation and to stimulate careful and painstaking concern in applying modern scientific diagnostic methods. There is no one disease by whose never ceasing ravages more men and women are invalided and incapacitated in the primal period of life, when by all the rules which are rightfully desired they should be the most active, animated and vigilant in the affairs of humanity. Every year a great army of earth's valiant soldiers are laid low by the mighty arm of the tireless reaper while tuberculosis stalks abroad in the land, taking here a bud and there a flower, and the mothers of the sons and daughters of earth weep with fear that he may return for the ripened fruits of their labors and sunshine.

The early diagnosis may be divided into predisposing causes, early pathology and bacteriology, serum tests, fluoroscopy and radiography, physical examination and symptomatology.

Predisposing Causes.—Of all predisposing causes favoring its development, which might become a factor in early diagnosis, none is more important than heredity or family history. It has been estimated that one-half of all persons suffering from pulmonary tuberculosis, the most frequent form of the disease, furnish a history of hereditary tendencies, and that one out of three persons having tubercular parentage during some period of life become phthisical. It is immaterial for the purpose of early diagnosis, whether the tubercular bacillus or other *modus operandi* of the disease is transmitted to the fetus through the maternal circulation, to the nursing infant through the lacteal fluid, or by infection taking place through close parental association. It is important to note, however, that the child with tubercular parentage is more liable to its development than is one free from such history. Therefore, the presence or absence of parental or family tuberculosis is of vast importance to the diagnostician in arriving at a correct and speedy conclusion. Manifestations, which would create no suspicion in an individual free from tuberculous history, are a source of interest and alarm when the family tree has been warped or depleted by its invasion. Such individuals have a lower power of resistance to the disease. Children are liable to snuffles, bronchitis and scrofulous indurations and ulcerations. In adults the chest is apt to be narrow and flattened. With the consequent loss of full expansion, the apices of the lungs are easily subjected to congestion and infiltration. If in either event there is present a persistent tachycardia or constantly increasing emaciation an early breakdown may be expected.

Other diseases frequently predispose to tubercular invasion and are of diagnostic significance when recovery is delayed beyond prognostic expectations, typhoid fevers, which drag into a long, tedious and exhaustive convalescence, without apparent complication resulting from that disease alone, often furnishing a tubercular history or develop it primarily. Repeated attacks of either lobar or bronchial pneumonia will usually lead to the discovery of a tubercular diathesis or to an acute exacerbation of that disease rather than pneumonia itself. Influenza, diabetes, syphilis and other exhausting diseases are often predisposing factors and a careful observation

of their progress may lead to an early discovery of arrested tuberculosis.

Knife grinders, metal polishers, miners, and mill workers daily submerged in an atmosphere loaded with minute particles of floating metal or fabrics, are subject to occupational pulmonary tuberculosis.

Early Pathology and Bacteriology.—The first pathological change occurring after tubercular invasion is the growth of the tubercle at the site of inoculation. This lesion is caused by the tubercular bacillus, in whatever part of the body it may occur. The tubercule is visible to the naked eye as a small nodule and is so uniformly present in advanced cases of tubercular infection that it has given rise to the name of the disease. It appears as a small granular body or as a diffuse inflammatory process containing serum, fibrin, pus, epithelium, connective and granulating tissue. There is nothing distinctive about the tubercle, other than the presence of the tubercular bacillus. The elements entering into the formation of the tubercle are the bacilli, leukocytes, epitheloid and giant cells. Whenever the tubercular bacillus invades an organ the fixed tissue cells, especially those of the connective tissue and endothelium of the capillaries, rapidly proliferate and form layers of elongated or epitheloid cells, and constitute the principal substance of the tubercle. The giant cell is the result of the coalescence of the epitheloid cells, and are said to be distinctive of a tubercular formation. While proliferation and giant cell formation is going on, leukocytes cluster around the periphery of the mass of epitheloid cells. Eventually degeneration followed by caseation and softening of the tubercular mass takes place, leading to abscess and cavity formation. In many instances the tubercle, immediately before softening takes place, is converted into a dry, hard body by deposits of calcium salts and becomes encapsulated and walled off from the surrounding tissue. The calcified tubercle furnishes a distinctive early diagnostic factor in fluoroscopic and radiographic diagnosis. In general miliary tuberculosis the early appearance of the tubercle in the choroidal membrane surrounding the optic nerve, affords a means for opthalmoscopic diagnosis.

If the tubercle goes on to softening, the bacillus is liberated into the fluids, secretions or excretions of the body and their

presence may be demonstrated by microscopic examination. When the bacilli are found it is positive evidence that a tubercular lesion exists. If found in the sputum, the most favored secretion, it is conclusive that the lesion is somewhere along the respiratory tract. Their presence may be accompanied by other physical manifestations when the air cells and deeper structures are involved. On the other hand there may be no clinical verification, as in case of small superficial ulcers or abscesses of the larynx or bronchi. Thus it may be that large numbers of bacilli may be microscopically demonstrated in the sputum or bronchial mucus without discovering any pulmonary involvement on physical examination. Again cases of most malignant types show but few if any bacilli in the sputum. This may be owing to a wide diffusion of the tubercles, favoring intoxication without degeneration. In rare cases of cavity formation, the bacilli are demonstrated with difficulty, owing to hypersecretion of mucus along the respiratory tract. For this reason it is sometimes expedient in the presence of other clinical manifestations to prepare slides on many successive days before eliminating the possibility of tubercular involvement. Microscopic examinations might be facilitated by dissolving the mucus in the sputum with a weak solution (0.2%) of caustic potash and preparing the slides from the precipitate of centrifugal or conical-glass sedimentation.

Serum Test.—Next in importance to finding the tubercular bacilli in the secretions or fluids of the body, the serum or tuberculin reaction test is the most important agent in the hands of the physician for making an early and reliable diagnosis. The serum will react readily in those forms of the disease in which no bacilli-laden secretions are obtainable for microscopic investigation; for that reason it has a special and large field of usefulness as a diagnostic agent. In the presence of tuberculin reaction a positive diagnosis may be safely ventured. The absence of such reaction does not necessarily preclude its presence and in the face of other clinical evidence every precaution should be taken before making a negative diagnosis.

At various times there have been several distinct methods for applying tuberculin tests, each of which has had ardent and worthy advocates. Early users injected the serum sub-

cutaneously in increasing quantities until they succeeded in securing systemic reaction, as indicated by rise of temperature, quickened pulse and general aggravation of the disease. In addition to the constitutional symptoms produced, a local reaction took place at the site of injection. VonPirquet made use of the latter fact and applied it locally to the abraded skin and found it gave a characteristic local reaction. Calmette, used a preparation freed from glycerin, and instilled it into the conjunctival sac. A general congestion of the conjunctiva occurs in subjects with active general tuberculosis, while no reaction takes place in the normal. On account of early development of tubercles in the choroidal membrane in acute general and pulmonary tuberculosis, the ocular reaction is probably the most sensitive and reliable method; but on account of the delicacy of the organ and the unfavorable results obtained in a few isolated cases, a popular prejudice against its general use has arisen. Later, Moro applied a tuberculin ointment to the unbroken skin and found it of equal value. Because of its simple and painless method of applying and the undisputed reliability of its positive reaction it has come into popular use as an early diagnostic agent.

The Moro ointment contains Koch's old tuberculin and anhydrous wool fat in the proportion of 5 c. c. of the former and 5 grammes of the latter. Careful attention to the technic of preparing the field of application is essential. After cleansing the surface with soap and water the skin should be sterilized with an antiseptic, preferably corrosive sublimate and alchohol, as a precaution against mixed infection. After the surface is well dried a half milligram of the ointment is thoroughly rubbed into the skin and allowed to absorb spontaneously. A cover of oiled silk will guard against irritation from the clothing and further prevent mixed infection.

The effects of the inunction is to be observed on several successive days. The result is positive when small papules appear over or near the applied area and negative in the absence of any rash. Constitutional symptoms are exceptional. Positive reaction may be divided into three distinct grades, viz., mild, medium and strong. In mild reactions only a few papules, sometimes as few as one or two, appear after twenty-four to forty-eight hours. There will be slight redness over the area of application, which disappears after a few days without

itching or annoying. During medium reactions a hundred or more papules appear in the course of twenty-four hours. They are red and miliary in size, while the intervening skin is likewise red over the area of application. The rash fades out after several days and is accompanied by considerable itching. Strong reactions have profuse nodular papules which extend out beyond the area of application. They often appear within a few hours and are accompanied by severe itching and extensive dermatitis. The eruption dries up slowly and after a few days becomes scaly, while a brownish pigmentation remains for two or more weeks. Plain lanolin may be used as a control.

Fluoroscopy and Radiography.—The x-rays have recently been accepted as a diagnostic agent in pulmonary and osseous tubercular affections. While generally speaking the x-rays are chiefly used to corroborate other diagnostic methods, yet many times by their aid incipient infections are discovered that were not recognized by percussion, auscultation or other means of examination. The boundary lines of infiltration and consolidation are distinctly delineated on the fluoroscopic screen, while the relative position and degree of advancement of the diseased parts are accurately designated.

The fluoroscope is to be preferred in pulmonary diagnosis, whereas in bone affections the radiograph affords better opportunities for study and outlining of areas of congestion and necrosis. In chest examinations the movements consequent to respiration destroy clear cut details in radiographic work.

A thorough knowledge of the appearance of the normal chest is essential to correct interpretation of reflections on a fluoroscopic screen. A fact well worth remembering is that in many normal chests the right apex is not as clear as the left. The fluoroscopic reflex of the normal lung is transparent and brightens at the close of inspiration with a clear transmission of light between the ribs. Incipient tuberculosis, or beginning infiltration, throws a hazy fog between the light and the observer. This haziness gives the clavicle and ribs on the affected side an appearance of a veil thrown over them. The light reflex becomes more gray and the ribs lose their clear outline as infiltration advances to consolidation. After complete consolidation of a part of the lung, the light is nearly gone and the edges of the ribs and clavicle are not distinctly visible. The

boundary lines of consolidated areas are distinguishable and may be surrounded by a border of haziness as in beginning infiltration. When both sides are involved comparative examination will point out the one which has progressed the farthest. Persons complaining of one-sided affection are frequently found suffering from double involvement. Again, areas of involvement may be discovered in the lower part of the lung when the apex alone was suspected on physical examination. At the commencement of cavity formation, flashes of light will be seen to penetrate through the dark shadow of consolidation. As disintregation advances a light area with dark spots or lines, the results of debris, appears. When destruction of tissue is complete we get the bright reflex of a formed cavity. The cavity with a round or regular border is easily recognized as a bright light behind a smoked glass, with a dark border of consolidated tissue and all surrounded by the haziness of infiltration. In large irregular shaped cavities the dark borders might be mistaken for infiltrations and the bright reflexes for healthy lung tissue; or the dark dividing lines in multiple cavity formation for the debris lines of beginning degeneration, but with other physical signs and symptoms which are likely to be present, a correct interpretation should not be difficult. Miliary tuberculosis is recognized on the screen in the form of dark spots, scattered throughout the lung, giving it a checkered or mottled cast. The spotted appearance is intensified in cases in which calcification of the tubercles has taken place.

Physical Examination and Symptomatology.—Physical examination and symptomatology for the early diagnosis resolves itself into mutiple divisions and subdivisions, corresponding to the organ or group of organs in which the disease is localized. For convenience the several divisions might be grouped into acute, pulmonary and other forms of tuberculosis.

Acute General Tuberculosis.—Acute general tuberculosis results from the entrance of tubercular bacilli into the bloodstream, which in turn distributes the infection throughout the organism. It simulates a highly toxic typhoid state and the most expert diagnostician might find it difficult to differentiate one from the other until distinctive symptoms develop.

The disease is commonly ushered in with general malaise, weakness, chills and fever. The fever may be abruptly precipitated and run an irregular course with evening rise and morning remission. The high point seldom reaches above 103 or 104 degrees Fahrenheit, while the morning remissions are at greater variance than in genuine typhoid. The remission often reaches the normal or even the subnormal. Again, the temperature may remain high for several days before remitting. The pulse is rapid and feeble, the face flushed and the tongue dry and burned. Respiration is hurried and laborious and aggravated by annoying bronchial cough. Prostration is intense, mind dull with mild delirium or stupor. The skin is studded with a fine millet seed like elevation, which induced some authors to classify the disease as miliary tuberculosis. A negative Widal test, the presence of the tubercles in the choroidal membrane, the demonstration of the bacilli in the blood and rarely in the sputum are about the only reliable distinctive evidence of the disease.

The general infection may localize and spend its entire force in the lungs or meninges. If it pre-eminently localizes in the lungs, there will be in addition to the symptoms of general infection, cough, bloody sputum, dyspnea, cyanosis and diffuse bronchitis. History of a previous cough, tubercular disease of glands, bones, or other organs, and in children a recent attack of pertussis or measles, may be of great value in making an early diagnosis. Consolidations though rarely extensive are frequently found. When present they are usually situated in the base and posterior parts of the lungs.

If it localizes in the meninges, symptoms common to other forms of meningitis are present and it may be difficult to differentiate in the absence of a pre-existing tubercular focus. Lumbar puncture may furnish a fluid containing tubercular bacilli. The onset of tubercular meningitis is not as abrupt and the fever not so high as in suppurative meningitis. Leukocytosis is either slight or absent in the former, while very marked in the latter variety.

Pulmonary Tuberculosis. (*Phthisis.*)—Pulmonary tuberculosis is commonly divided into acute, chronic and fibroid.

Acute Pulmonary Phthisis.—Acute pulmonary phthisis is a tubercular-pneumonic process running a rapid course and is chiefly to be distinguished from lobar and bronchopneumonia.

The onset is usually precipitated with a chill and fever. Its symptomatology may not be distinguishable from acute lobar pneumonia until the eighth or tenth day, when instead of the expected crisis the patient grows worse and the ultimate signs of tubercular softening appear. Recurrent chills and sweats, distinctly remittent temperatures, continuing with unabated severity beyond the tenth day, rapid emaciation and the phthisical nature of the disease, are the physical manifestations upon which an early diagnosis must be erected. The bronchopneumonic form of acute phthisis is most prevalent in childhood and constitutes in a majority of instances the fatal bronchopneumonia which follows measles and whooping cough. The same features distinguish it in the lobar form.

Chronic Pulmonary Tuberculosis. (*Consumption.*)—Chronic pulmonary tuberculosis comes on gradually and insidiously, with the exception of those cases which follow acute general or acute pulmonary tuberculosis. There is no division of tubercular invasion and probably no other disease, in which an early diagnosis is as essential for the successful treatment and upon which the ultimate results attained is more dependent than in chronic pulmonary tuberculosis. It is this class which constitutes "The Great White Plague", and which brings sorrow and suffering equally to the home and the nation; and against whose overpowering mastery of human resistance the wealth and influence of society should be formidably organized to prevent its further advancement and supremacy.

The clinical course presents a great variety in its mode of invasion, intensity of progress and final termination. This variance is most pronounced in its symptomatology during the period of invasion or incipiency. There is grave danger of overlooking its existence when its onset is different from the typical type as manifested in slow onset, cough, fever, sweats, expectoration, hemoptysis and emaciation, which the physician has been taught or has learned to recognize as being essential to its presence. The atypical type, in which one or two symptoms are so prominent that all others are overshadowed and unrecognized, unfortunately cover a larger proportion than is generally supposed. There is the fever type, in which the temperature is the predominating symptom; the hemorrhagic type, in which hemoptysis is the first and many times the only symptom; the pleuritic type, with pain as the only

complaint; the catarrhal, the pneumonic, the asthmatic and the dyspeptic types, each having symptoms pointing to single organs or restricted fields of irritation.

Inspection.—Careful and painstaking inspection of certain physical characteristics will frequently anticipate the disease. Tall, slender people with amytrophic chests are liable to contract this variety. The chest is abnormally long, narrow and flat, with an acute epigastric angle,—in women allowance must be made for dress deformity. The clavicles, scapulae and ribs stand out prominently. The interspaces are abnormally wide and in the presence of extensive pleuritic adhesions, are drawn inward during inspiration. The supra- and subclavicular spaces are depressed on the affected side; and in bilateral involvement the entire inspiratory movement may come to a sudden halt with a jerky cough just before it is completed.

A papular rash in disseminated patches, most frequently over the scapular region, is often discovered on examination. In fact the patient might have been induced to consult his physician on account of the rash. It may have continued over a long period of time or taken the form of herpes zoster during acute exacerbation; and because the usual "blood medicines", did him no good comes seeking advice from higher authority. In addition to the papular rash dark blotches may appear during the stage of infiltration, though they are usually indicative of late consolidation or early softening.

A peculiar pallor or transparency of the skin, simulating that of chlorosis or anemia often appears in the earliest stages of invasion. The pallor is especially noticeable in young women with amenorrhea or other menstrual disturbances. There is a general belief prevalent that the amenorrhea and consequent chlorosis will eventually lead to consumption, whereas in a vast majority of those cases it is already there and is primarily responsible for the menstrual disturbances.

Sputum.—The sputum is mucoid, muco-purulent or purulent, depending on the amount of destruction and whether there is a mixed infection. It contains thick yellowish, cheesy lumps or granules, embodying bacilli in varying numbers, which fact makes it a sheet anchor in the early diagnosis of chronic pulmonary tuberculosis. Chalky deposits of calcium masses, and elastic tissue from blood vessels, bronchi or al-

veoli, indicate degeneration of tubercles. Macroscopically it is difficult, if at all possible, to differentiate tubercular sputum from that of chronic catarrhal pneumonia or bronchitis; but inasmuch as the latter diseases should be looked upon with a considerable suspicion as indicating tubercular infiltration, the microscope should prevent diagnostic error. It is in this branch of tuberculosis that the sputum with its inhabiting bacilli is of great diagnostic value. In no form are the bacilli as early and constantly present.

Wagner calls attention to the presence of albumin in tuberculous sputum, whereas it is seldom found in appreciable quantities in simple catarrhal affections. It is to be demonstrated in the filtrate by the ordinary heat or potassium ferrocyanid tests after decomposing the mucin with dilute acetic acid.

Palpation.—Palpation in beginning infiltration is often negative, though there may be tactile fremitus over the infraclavicular space of the affected side. Consolidation gives a distinct vocal fremitus and, unless diminished or obscured by thickened plurae or effusion, is early recognized. After softening, vocal fremitus may continue more marked even with cavity formation when the entrance of air to the affected area is unobstructed. The skin is warm or hot to the touch, unless cooled by sweating, when it is moist and clammy.

Percussion.—Percussion over the affected apex gives a higher pitch and impaired resonance during infiltration, positive dulness on consolidation and a "cracked pot" note in cavity formation.

Auscultation.—One of the first physical signs of apical infiltration is manifested by abnormal prolongation of the expiratory murmur and feeble crepitant, cog-wheel or harsh bronchovesicular inspiratory sound. They are best heard just above and external to where the bronchial tubes are given off, over that part of the thorax uncovered by the scapula while the hands are placed on the opposite shoulders when standing, or crossing over the head, face downward, when reclining. Cog-wheel or interrupted inspiratory sounds, consequent upon interference with free air passage into the vesicles by newly formed tubercles, must not be confused with stridulous breathing caused by compensatory cardiac impulses. Vocal resonance is but slightly augmented and care should be taken

not to be deceived by normal physiological intensity below the right clavicle. As infiltration advances to consolidation, vocal resonance is intensified and the inspiratory act relatively shortened, the vesicular element is eliminated, and broncho-vesicular is superseded by bronchial breathing. Crepitant rales heard at the end of inspiration are more numerous and are progressively merged into subcrepitant and mucous rales of breaking down of tissues. Cavity formation gives a blowing or cavernous sound to respiration. The heart impulse is carried over the area of consolidation and in the presence of cavities with amphoric note.

Fever and Sweats.—Fever is the most important and constant general symptom. It may be continuous, intermittent or remittent. The height of the paroxysm is reached in the evening, between two and six o'clock and the greatest remission between the same hours in the morning. The paroxysm may last an hour or two or continue throughout the greater part of the day. The remission may last over several days after rupture and discharge of small bronchial abscesses. For that reason, temperature should be measured at short intervals for many successive days, to avoid possible overlooking an irregular elevation. The intermittent type might easily be mistaken for malaria where that disease is prevalent. The remittent type usually indicates consolidation and the intermittent, cavity formation, but this rule might be considerably varied because the disease in all its stages might be present at the same time in different parts of the same lung.

Any daily afternoon rise of temperature, without apparent cause, should excite suspicion of incipient tuberculosis. The afternoon temperatures are usually associated with a flushed face and brilliant eyes, giving expression to the familiar hectic flush. The morning remission is accompanied by cold sweats, and is an early diagnostic symptom in strumous children. Profuse sweating after sleep or during slight exercise in ordinary temperatures might indicate a scrofulous diathesis in otherwise apparently healthy individuals. In late stages sweating is profuse and continuous and rapidly exhausts the patient's strength.

Emaciation.—Loss of weight is progressive from the earliest beginning of extensive involvement and it is seldom that

a greater degree of emaciation is witnessed than that encountered in the last stages of this disease.

Pulse.—The pulse is weak, rapid, excitable and arhythmic. Afebrile tachycardia without obvious cause is an early characteristic.

Gastric.—Often the earliest symptoms are found in the mouth and throat. There are small recurrent ulcers associated with a dry parched throat, epigastric distress, sour eructations, flatulence or vomiting. Gastric distress may be owing to nervous reflexes or to tubercular gastric or duodenal ulcers. The distress might be so predominant that the real difficulty is completely masked.

Nervous.—The mind, in the absence of meningeal complication, remains clear throughout all stages and gives rise to the proverbially hopeful patient.

Pain.—Pain may or may not be present. When present it is due to the strain of coughing or to pleuritic involvement and may be distressing in the extreme.

Cough.—A most common mode of onset is through an ordinary neglected cold that doesn't get well, in which a dry, hacking bronchial cough prevents restful sleep and interferes with nutrition when it causes frequent vomiting.

Hemorrhage.—Hemorrhage in some degree is present at some period in nearly all cases. It may precede all other manifestations by months or years. It may be in the form of blood-streaked sputum, small quantities of clear, red blood or in large, fatal quantities, coming on late in the disease or as the first warning of tubercular involvement. An extensive hemorrhage is usually preceded by burning and distress in the region where it arises.

Dyspnea.—Dyspnea is not a constant early symptom, but is associated with complicating bronchopneumonia.

Fibroid Tuberculosis.—Fibroid tuberculosis usually follows an arrested acute or chronic pulmonary or pleuritic tuberculosis. As described under the early pathology and development of the tubercle, its growth and degeneration might be arrested by calcification and encapsulation. The consequent excessive connective tissue contracts the vesicles and gives to the lung its fibroid nature. It also follows bronchopneumonia, to which disease it is closely allied, and is only to be differen-

tiated by the presence of the bacilli and the characteristics of chronic pulmonary tuberculosis.

Other Forms of Tuberculosis.—Tuberculosis of the lymphatics, the meninges, the genito-urinary system, the intestinal tract and other organs of the body are in most cases secondary to pulmonary disease and show nothing distinctive on physical examination.

Open Air.—Open air treatment of the tuberculous resolves itself into climatic, sanitarium and home. Fresh air and plenty of it,—how, when and where to procure it regularly and continuously is the object sought. The average tubercular patient is afraid of fresh air and is persuaded to expose himself to the possibility of draughts or temperature changes with difficulty, especially under weather or climatic conditions which he believes to be responsible for his ailment. Because the disease is most prevalent in damp, cold seasons he shuts himself up in a tight, hot room to keep from taking cold.

Which method or combination of methods of securing fresh air is to be advised depends in a great measure upon the financial resources and physical status of the patient. In fact they should receive more consideration then is customarily deemed necessary. The physician cannot give intelligent advice until he knows the resources for carrying it out. It is useless to advise a patient to seek a change of climate when he has no means of support after reaching his destination. Unfortunately it sometimes happens that the ill-given advice is attempted in good faith with the likelihood that the patient will be stranded in the new locality and become a subject of charity among strangers; and if his pride denies him the former and the state the latter, his condition is pitiable indeed. Someone has correctly said, "Pure air does not compensate for discomfort and poor food."

If the patient must depend upon his present earnings he should be able to work and have the assurance of suitable employment before leaving home and friends. It is a sad day when one impaired in health arrives in a strange and unknown country without friends, money or employment. Then there is the wife and child of men with families, who must be provided for. If the patient is able to support only himself and the family is obliged to remain behind, he will in a short time

pine for their association and worry over their welfare and soon turn his gain to loss.

The physical state of the individual should be carefully considered before advising him to go away from home and friends. Hopeless and helpless cases are daily sent to summer and winter resorts with the consent and by the advice of untutored physicians. Under no circumstances should they be sent away, unless their means are such that they may be accompanied by friends and adequate attendants to make their sojourn pleasant and comfortable. Persons beyond the hope of recovery are willing as a rule to make every sacrifice, to go anywhere and everywhere; whereas in the early and curable stages no warning could induce them to avail themselves of such golden opportunities. They make long sea journeys, cross lonely and uninhabited prairies and deserts or climb over dangerous mountain passes; and on account of exhaustion from the added strain are obliged to spend their dying days in strange lands, away from sympathizing friends. It is beyond human knowledge to foretell the probable termination of any given case. We have all met with instances, which in spite of every unfavorable prognosis have made speedy and miraculous recoveries, while those for whom every hope of recovery was justly predicted came to a sudden and gloomy ending. A continuous high temperature, with short but marked remissions, especially in absorption or cavity formation; a weak, rapid pulse, continuously ranging above a hundred and ten; a steady loss of weight with marked emaciation, cyanosis, edema, serous exudates, offer but little hope of recovery and in their presence, the burden of useless and irksome travel should not be added.

Much of the laity and part of the profession are seemingly of the belief that open air treatment precludes all medical treatment. This is erroneous and often proves disastrous to the patient's welfare, the physician's honor and the reputation of the treatment itself. There is a tendency among tubercular people to revert to former habits of carelessness, unless constantly encouraged by the medical adviser. It is folly to depend on the patient's ingenuity to carry out directions.

Climate.—All else being equal climate has a decided advantage over other open air methods, in that it may at any time be supplemented by sanitarium and home treatments un-

der most favorable conditions. The selection of the proper climate is not always easily determined. Neither are the best results obtained unless the individual needs and requirements are made the basis of selection. Often a temporary change of residence to a different climate from the one in which the disease was contracted with the addition of proper medical treatment will effect a speedy cure. Others get relief from sea voyages or short seashore residences. But for most persons a longer residence in the high and dry atmosphere of the middle west or the warm climate of the southwest are probably most suitable. Too much emphasis cannot be placed upon the necessity for continued residence in that climate where a cure is effected, because there is always danger of its early return under former environments. Residence in a warm dry climate encourages outdoor life, and sleeping in freely ventilated apartments. Add to equable atmosphere the pure sun-kissed and ozonated air of higher and rarified regions with its twofold stimulus—outdoor life and unconscious forced inspiratory action—there is at least an approach to the ideal climate for that great army of pulmonary afflicted humanity. In normal breathing the unimpeded air rushes through the trachea, bronchi and their minute ramifications to the vesicles. Many vesicles during normal breathing are neither emptied nor refilled except through the act of sighing or forced inspiration. In the very beginning of tubercular infiltration this normal stasis is supplanted by abnormal stagnation with agglutination of the vesicle walls. In rare atmospheres the required air for oxygenation is only secured by increased respiration. Inspiration in most cases is at first labored or dyspneic, but is soon followed by quiet, full and deep breathing, as the unused vesicles are forced open to receive their natural supply of pure fresh air.

Sanitarium.—The sanitarium or institutional method of open air treatment of the tuberculous has many advantages which can be appreciated only by those who have observed its workings from the inside. It is a school of instruction for the tuberculous. Even a short sojourn under its influence will do wonders in promulgating personal and communal prophylaxis. Much of our information in the home care has been taught by institutional methods. The patient is constantly under the watchful care of physician and nurse. Every change is re-

corded and every need carefully supplied. New habits of living are either consciously or unconsciously formed through daily routine and contact with other inmates. But it is an advantage which can be long enjoyed only by persons of means, and therefore its full benefits can reach only a very small percent of those most needing its influence and help.

Home.—Open air treatment in the home reaches out over the entire field of tubercular affections. At some stage every case must be treated in the home. Only better advantages are added to those who seek more favorable climates. The institutional patient invariably returns to home and friends. Then there is that boundless mass who never have any other form of open air treatment. It is estimated that more than ninety-five percent of all tuberculous cases, for some reason or another, never have either climatic or institutional advantages. It is therefore this branch of open air treatment which commands our active energies in furnishing the greatest amount of fresh air to the greatest number of sufferers.

In the country and small towns an abundance of fresh air is easily secured. In large cities, suitable open spaces with free air circulation is not always procurable, especially in crowded tenement, business and resident districts. Outdoor sleeping throughout the year in some form of tent or canvas structure easily takes first rank. The tent house, where a moderate outlay is at hand, affords superior facilities for comfort and isolation. It should be erected on a part of the premises easily accessible from the family house and moderately sheltered against severe storms. And while it should receive direct sunlight it should be protected from intense heat during warm seasons. It is a good plan to build a substantial wooden framework over which canvas roofing is securely fastened. The floor might be left in the natural dirt but wood or cement adds both warmth and cleanliness. The sides might advantageously be boarded or plastered from the floor to above the bed, to shield the sleeper from annoying drafts without extensive interference with fresh air circulation. The openings should be screened against flies and mosquitoes and provided with canvas drops to shut out extremes in inclement weather. When expense is an important item an ordinary tent made dry and storm proof will serve as substitute. In large cities, where direct sunlight and free air circulation are obstructed by sur-

rounding buildings, a sleeping tent erected on top of porches, sheds or flat roofs of tall buildings will overcome the deficiency. Where this is not feasible for the want of suitable locations, or the feebleness of the patient, a window or awning tent will in a measure supply fresh air.

The extremes of weather are always a source of worry and annoyance in all outdoor sleeping arrangements. If the best results are to be obtained it must be made pleasant and comfortable. During cold weather the bedding must be warm and yet not unwieldy. Cold air circulation from under the bed is easily overcome by spreading several layers of papers under the blankets. A sleeping bag will be of immeasurable advantage. Cold feet are readily avoided by wearing wool stockings. Patients frequently complain of cold face and ears while sleeping out in the cold air, in which event the knitted helmet or some similar device should be used to cover the head, neck and shoulders with openings for the eyes and nostrils. It is easier to keep a patient warm in cold weather than it is to keep him cool in hot and sultry weather, especially in crowded cities in warm and humid localities. Electric fans will do much towards cooling sitting or sleeping quarters. They are however not always procurable, neither are the proper facilities for installing them at hand.

Hygienic Treatment.—Tissue invasion by the bacilli is accepted as the chief factor in tubercular infiltration; to guard against their intrusion is the principal object in hygienic prophylaxis. Infection takes place through the cutaneous covering, the alimentary canal and the respiratory system. Primary cutaneous infection is of rare occurrence and is manifested in the form of lupus. Alimentary infection comes through the food we eat. Rare and uncooked meats from tubercular animals and foods handled by infected hands, are common sources. Careful inspection of dairy and meat herds, at short intervals, with authority to destroy infected animals or their food products, should be carried on by the several states through their expert veterinary departments. Infection through the respiratory system is by the air we breathe, and is the most frequent source of attack. *If the air we breathe could be kept free from bacilli, tuberculosis would soon retire from active business.* The most prolific source from which the atmosphere is saturated is from the expectoration of infected indi-

viduals. The sputum from persons with active pulmonary tuberculosis should be quickly and effectively destroyed, before it is dried and pulverized and carried into susceptible fields for colonization and proliferation.

States and municipalities have repeatedly enacted laws, prohibiting expectoration in public conveyances, on sidewalks, in public halls, buildings and assemblages. In most instances the laws are dead statutes and cannot be enforced, because they make *no provision for hygienic care of the natural debris* of either healthy or diseased persons. If public sanitation is to be effective, sanitary spittoons must be maintained in public places. The individual must be taught to treat his infected expectorations with due precaution and his sense of honor appealed to for the protection of his kin, friends and associates.

Clean spit cloths and papers, though decried by some eminent men, are cheaply supplied those confined to their bed or room and easily destroyed by fire. Precaution should be taken and the family warned that in no event should the cloths be otherwise disposed of. The hygienic cup or spittoon, while more expensive, is safer. The better ones are made with reliners and spring covers. Into this the patient expectorates at will and at short intervals the reliner with its contents are burned, and a new one inserted. A small piece of absorbent cotton saturated in diluted formaldehyde or chlorinated lime will act in the double capacity of germicide and deodorant.

Hygienic treatment of the tuberculous begins with the mother of the unborn babe and should continue throught its life. The pregnant mother, with a tubercular history, should lead an outdoor and hygienic life and if possible in a favorable climate, to reduce the probability of transmitting her idiosyncrasy to her offspring. Under no circumstances should the newly-born babe be permitted to nurse an actively tubercular mother. Neither should it be fed out of the same spoon unwashed and unsterilized. The filthy and insanitary habit of some milkless mothers, who warm and masticate a quid of food for their artificially fed infants, should need no mention were it not of too frequent occurrence among foreign and illiterate people.

Lip kissing of infants by tubercular persons should not be tolerated. Tubercular adenoids, tonsils and lymphatics in children should be early and completely removed, to prevent ab-

sorption and infection of more vital parts. How often have physicians encouraged the erroneous belief that a scrofulous child would outgrow glandular enlargements.

The use of slate and pencil with spit erasing as still practiced in rural schools should be prohibited as a useless and dangerous art. The common retainer for pencils and drawing crayons in the primary grades is another source for spreading tuberculosis among school children.

Neither a child nor an adult should occupy the same bed or sleeping room with a person having an active tubercular process. Nurses and attendants are to be safeguarded by removing all unnecessary fabrics and furnishings, by occasional cleansing of walls and woodwork and by fumigating the room with formaldehyde gas.

The time is ripe when states and municipalities must and will take cognizance of the dangers of tubercular parenthood. Neither can they longer shirk the responsibility for continued spread of the disease through infected hotels, rooming houses and private dwelling places.

X-Ray.—The x-ray has a limited though definite field of activity in the treatment of the tuberculous. It can not be claimed that it has any germicidal effect on the bacillus, because when it is exposed to its light in a culture media no destructive action is perceptible. It has been demonstrated in the living tissue that under repeated exposures they grow smaller and decrease in numbers. It causes hyperemia in the exposed parts, reduces stagnation by establishing healthy circulation and through its tonic effect stimulates nutrition and normal metabolism. Outside of its tonic effect, it has but little if any value in the treatment of pulmonary varieties of the disease; it is not to be lightly considered as a palliative agent for the relief of pain. Its anodyne results in either primary or secondary pleuritic involvement is nearly equal to that of opiates, without any untoward depressions and demand for repetition.

Most pleurisies without exudates are permanently relieved after a week or ten days of daily exposures of the chest. Pain elsewhere due to inflammations of serous membranes respond equally as well to its influence. Bursitis and synovitis are invariably relieved if not cured. Lupus in its incipient stage furnishes a higher percent of cures under this than other methods and even inoperable cases have been known to be re-

lieved from their intense pain, odor and unsightliness. Its most definite curative value has been demonstrated in tubercular osseous disease. When used early it not only relieves the pain but aborts the disease without necrosis. After necrosis is established it hastens sequestration and dries up the discharge.

My own experience in treating tubercular bone disease with the x-ray while limited to a few cases, has convinced me that it must be given a place of honor among remedial agents for the relief and cure of tubercular bone disease.

It may not come amiss to give a very brief synopsis of three cases reported to the Colorado Homœopathic Society, in 1909. Case 1, was a young man eighteen years old and a farmer by occupation, with necrosis of the semilunar and infiltration of the right radius. He received forty-nine exposures and was permanently cured without any return after a lapse of nine years. Case 2, was a school girl of thirteen years, with infiltration without necrosis of the distal end of the third metatarsus. She received a total of twenty-one exposures. No return is manifested after six years. Case 3, a child of three and a half years, with extensive scrofulous necrosis and three open ulcerations of the parietal bone, dating from birth, while the fontanelles were both wide open. After but eleven exposures the ulcers and necrosis were healed and the fontanelles firmly closed. One year after treatment there was no evidence of return, and as the child was then removed from the state I have had only meager reports of her continued good health in the past five years.

Rest.—Until recent years the slogan, "Go out west and rough it," went unchallenged as the only hope for health, wealth and happiness for the tuberculous. In many communities of the western states are any number of pioneers, who in every stage of the disease, crossed the plains in prairie schooners, sleeping in their wagons or on the open ground. Two occupations were open for their employment; prospecting for minerals in the mountains and cattle raising on the prairies, with Indian fighting as a diversion. The percentage of recoveries can never be known. Enforced outdoor life probably deserves much of the credit claimed by roughing it. The eastern farmer, who toils in the field from daylight until dark and chores by the glimmer of a lantern; or the laborer, who stands at the forge, behind the bench or in front of the furnace through the heat of the

day and spends a restless and sleepless night in a hot and sweltering bed, finds roughing it a pleasurable, restful and health giving occupation. To prescribe it for one who has spent his life in the office, behind the counter or in idle retirement, is not only a serious but unpardonable mistake. It is to be remembered that a person with an active tubercular process, is one whose strength and vitality is being sapped by a wasting disease, and that to add to the waste by increasing metabolism consequent upon violent or unaccustomed exercise only adds fuel to the fire.

A tubercular person, who carries a continuous temperature ranging near a hundred degrees Fahrenheit, or one who has an afternoon rise above a hundred with a pulse rate of a hundred and ten, should be given absolute rest in bed until both are near the normal. A high respiratory rate, thirty-five or more, contraindicates exercise, even in the absence of unfavorable pulse or temperature. Hemorrhage demands rest in bed, and if lying prone causes uncomfortable dyspnea; the patient may be propped in a semi sitting posture. Running, jumping, wrestling and heavy lifting, should be prohibited in active cases. A single indiscretion might change a favorable prognosis to a fatal termination. Unfavorable symptoms often rapidly disappear under rest treatment. Care must be taken in keeping the patient from too early return to exercise and work. On the other hand worry and fretting over continued and enforced rest will aggravate the symptoms.

After convalescence is established, and bodily strength in a measure recuperated, a return to light and limited exercise should be cautiously approached until the individual tolerance can be estimated. In sanitorium treatment a daily routine of rest and exercise is advantageously carried on and is of inestimable value for a speedy and successful termination. In home treatment, especially in the absence of trained attendants, routine life is difficult to secure.

Walking or riding exercises in the open is easily carried on and within reach of every walk of life. A definite time or distance to be covered with gradual increase should constitute the daily task. It is to be borne in mind that the amount is to be regulated by its effect on the pulse, temperature, respiration and bodily weight and strength. As convalescence advances light occupational exercises might be added and time passed

in useful employment, thereby occupying the mind as well as the body.

Mental rest is as essential as bodily rest and those engaged in arduous mental occupation must be relieved from mental fatigue. Mind rest can not be enforced by prescribed rules of abstinence, but must be obtained by diverting attention to light physical exercise and pleasurable occupation.

When to return to industrial life is always problematical. It must be gauged by the patient's circumstances. The treatment ought to extend over a period of six months or a year. Unfortunately only a few are able to continue such length of time. Most individuals coming from industrial life are depending upon their earnings for support and must be speedily returned to salaried occupation or become public charges. The variety of employment to be recommended must depend on the patient's ability to do. Unless his former occupation is extremely unfavorable or violent, he should be returned to it. That which one is accustomed to doing is executed with greater ease of mind and body than that which is new and strange. Open-air employments are to be preferred, but suitable work is not always procurable. It is out of the question to make a farmer out of a life-long clerk, bookkeeper or cashier. They must receive the proper rest and fresh air through industrial regulation.

Occupational consumptives require and should have a complete change of surroundings. Such sufferers are apt to be hard to control and are liable to return to former haunts. It is hopeless for one afflicted with miner's consumption to return to the same mine after arrest of the disease, a steel polisher to polish more steel, a glass blower to blow more glass, a cigar maker return to the cigar shops. He must be given to understand that rest and fresh air are essential to continued improvement; that the price demanded by neglect of either is sacrifice of health and happiness, and that under these circumstances an early return of the disease is highly probable. "The healthy man sits down to rest because he is tired; the tuberculous man should sit down so as not to become tired."—(Brehmer.)

EDITORIAL

Research Work In Therapy. After all the ultimate aim of the physician is the cure of his patient. By the same token, that is what the surgeon is all the time trying to do. Both have the right to all the help that can be gotten from those who do not aim to do the work of either the physician or the surgeon. These latter are they who use their talents and time and some other person's money in trying to find out the things which both the physician and surgeon ought to know but have neither the time nor the talents to search out. From this situation have grown up the great research institutions and laboratories in which research work is being done. That they are doing good work goes without saying and we have no quarrel with them.

It has, however, been a matter of interest to notice that there is so little, practically nothing, being done in the development of our knowledge of the action of drugs upon the human system. Research work in drug therapy is conspicuous for its absence. Why is it?

The main answer to that question lies in the therapeutic nihilism which has infested and is still infesting the old school. As a matter of fact the control of the great body of funds available for research is entirely in its hands and the ground upon which to grow therapeutic investigation is entirely barren. It will not produce. Meantime oceans of money and all possible talents and time are used in proving things which are of value to the surgeon. We now know that organs and tissues can be transferred from one animal to another without permanent impairment of function. True, not much that has been done has had its trial upon the human anatomy but that means only more research work, more time, more talents and more money; this too, without having anything to do with research in drug therapy. And that is just what we are at this moment considering.

It is not necessary to discuss the question as to whether it is possible to make investigations in such therapy. Given one-tenth of the time and funds which have been spent in other research work and the world would *know* that disease symptoms

are amenable to drug action in far greater measure than is now thought possible by the dominating school and that the course of disease can be influenced by remedies properly applied. To the homœopathic physician, this statement needs no further proof. A century of success in the treatment of disease and the cure of curable disease is the best proof in the world. There is need, however, for a twentieth century demonstration of the definite action of drugs upon the human system. What has gone before can be used only as confirmative of what is sure to be developed in any special investigation.

The irony of the situation is that while there is a crying need for this sort of work, while there are the laboratories in which it may be done, while there are men who are competent to undertake it, and while there is a comparatively large sum of money with which to meet the expense, nothing is being done. The work depends first on the use of money to inaugurate it. The money which ought to be available is idle and gives no reliable sign of leaving the state of the unemployed.

The inception of the American Institute of Drug Proving dates back more than a decade. During all of that time there has been a fund in its treasury, and at the Denver meeting this was reported to be over four thousand dollars. Absolutely nothing was done throughout the year but cut coupons. A letter of inquiry inspired by the Board of Trustees develops the fact,—well, it does not develop any fact, for the facts related in the answer have been well known for years and they mean practically nothing. Read the letter in the February *Journal* and see for yourself. Meantime the President of the Drug Proving Institute promises a full report for the Atlantic City meeting, and that merely puts off for another six months any possible chance of that money getting to work.

There are at least four places in which this work could be done in our schools. There is just now, when Dr. Schenck is prosecuting his work in the Joint Conference Committee, an urgent necessity that the American Institute of Homœopathy shall investigate anew the drugs upon the efficiency of which our school grounds its faith. *J. R H.*

Permanent Endowment Fund. The Treasurer, Dr. T. Franklin Smith reports a few cash receipts and several

pledges for 1914 for the Endowment Fund. As a fitting celebration of April 10th, Hahnemann's birthday, it is suggested that the office receipts of this day be donated to the Endowment Fund and sent to Dr. T. Franklin Smith, 264 Lenox Ave., New York City. Every physician who feels that homœopathy should be supported and who recognizes that only by concerted effort can this fund be augmented, should set aside *April 10th* as a day donated to the cause. Send in your subscription, be it large or small! W. H. D

American College of Surgeons. The attitude of the homœopathic profession toward the American College of Surgeons will depend upon the attitude of the American College of Surgeons toward the homœopathic profession.

If the newly organized college is to be conducted broadly as all learned bodies should be, if it is free from every expression of the spirit of caste, then every student and lover of mankind, regardless of his opinions upon other topics, will aid and abet its purposes. Of course there can be no *esprit de corps* in an organization that does not treat all of its members impartially, that does not extend to one the same privileges and rights that are extended to another, or that has high places for some and only low places for others. There can be no harmony in a house that is divided against itself. We have been advised that such a house cannot endure. All this is well known to every man abreast of the times. It needs no elaborate proof.

We had been advised that the American College of Surgeons was to be absolutely free from the I-am-holier-than-thou spirit; that it was to be a scientific body in fact, intent only upon the development and extension of surgical knowledge and all that contributes to the best expression of surgical practice. With this assurance, certain members of the homœopathic profession were invited to attend the initial meeting and joined with others in the incorporation or founding of the college. The idea was kindly received throughout this country and homœopathic surgeons, with all the others, flocked to the great meeting in Chicago, November last, and made application for membership, believing implicitly in the sincerity of the movement.

It was a damper upon the spontaneity of good feeling when it was found that after all there was some doubt about

it; that it "had to be very carefully considered," that other more pressing questions demanded the immediate attention of the Board and that the real status of the situation, so far as the homœopathic members were concerned, could not be determined before "next May."

All this says plainly that there is a division in the council of the A. C. S., that the advocates of progression and fair play are being restrained by the stand-patters and Bourbons, who, like the laws of the Medes and Persians, "change not" with the advance of time, and that the end of the contest is in doubt.

Under these circumstances, the homœopathic profession must pursue the even tenor of its way as it has done for a century or more, must show its fine spirit of readiness to join with all in the van of progress, or to go on its way rejoicing in all that it has thus far accomplished or may be able yet to accomplish.

The American Institute therefore should have plans of its own, as hitherto, that can be modified, amended, and perfected at the Atlantic City meeting in June or which can be made to conform to the program of the American College of Surgeons if the decision to be arrived at "in May" is satisfactory. *O. S R.*

The Annual Statistical Report. The Treasurer of the Institute publishes in this issue (pp 952 to 1004) his annual report of homœopathic organizations. It is a long document and the work entailed is appreciated only by those who have undertaken to assemble reliable statistics. If every member of the Institute will read the report of institutions of his own vicinity, and promptly report to the Treasurer any error in the record, and further supplement the report by naming any institution not reported, the value of this yearly report will be still further enhanced. A generous co-operation on the part of the Institute members will materially lighten the laborious clerical routine. *S. M. H.*

The Questionnaire. Some twenty years ago a thoughtful pediatrist of Philadelphia sent out an inquiry to general practitioners relative to scurvy and infant feeding. The French language at that time had not contributed its significant word to the curious American. Then, it was plain "Inquiry." Today it is "questionnaire" or "survey". Dr. Hinsdale sets forth

on another page the Michigan plan for reliable statistics on public service in the peninsular state; an example which all state societies might advantageously follow. On page 597 of the December *Journal* there is published the questionnaire relative to state boards, issued by the Chicago Homœopathic Medical Society under the chairmanship of Dr. Mitchell. This is to be reported upon at the April meeting of the society. During the past month the Regular Homœopathic Society of Chicago, under the chairmanship of Dr. Dienst, presents the questionnaire on page 927, under "Correspondence." This investigation may call forth some effective mode of stirring into activity the interest-accruing fund of the Institute of Drug Proving created by the American Institute of Homœopathy for the specific purpose of further demonstration of the homœopathic therapeutic principle. *S. M. H.*

Harvard's Concession. Word has come from the East that Harvard Medical School has changed the entrance requirements so that only two years of college work are required for admission to the medical course; and moreover that these two years shall be spent in general and not special studies as heretofore recommended. Current comment says it is because Tufts Medical and Boston University Medical are taking too many candidates. It would be a more generous judgment, that President Lowell recognizes the fact that many capable and ambitious young men hesitate to enter a career which throws the home-making activities into the fourth decade. He also recognizes that general culture is a good foundation for a technical superstructure. A liberal education is not synonymous with bookish acquirement. Mr. Umbreit had the same thought in mind when he said informally before the College Alliance, "My first requirement in a family physician for my wife and daughters is that he be an educated gentleman." The simple fact that the old order continually changes is ample evidence that the world moves. *S. M. H.*

The following clipping from the editorial page of the *Clinique*, December, 1913, was inadvertently bisected in the composing room and used as "filler" in the January and February issues. It is so apposite to the recent conference on the status of the medical school that the excerpt is herewith repeated with due acknowledgment to the original magazine:

Why is a Medical College?—A similar question, having to do with a familiar barn-yard fowl, has long puzzled the metaphysicians, and now this one arises to perplex the physicians.

Probably no one can say to-day just why is a medical college, but anyone can easily say why it is not. The one purpose for which it clearly does *not* exist is to prepare men and women to practice in any department of medical art.

Our new College of Surgeons says it is dangerous to let anyone practice surgery before he has supplemented his medical course with several years of prescribed training. The American Homœopathic Ophthalmological, Otological and Laryngological Society officially advises a course of three years to prepare the graduates to enter upon these specialties. The Obstetrical Society says it requires several years after graduation to qualify for that field, and the internists think some long postgraduate course necessary to enable one to make a safe diagnosis.

* * * * * *

Some medical wag has suggested, with too much accuracy, that the chief function of the medical school is to forecast the vagaries of State Boards, but even this function it can no longer claim to fulfill. Few graduates to-day have the hardihood to "tackle" one of our "Standardized" Board examinations without a postgraduate course under some of our famous specialists in this important branch.

Why, then, is a medical college? It doesn't fit a student to enter upon the practice of any department of medicine; it doesn't assure him any legal standing in his chosen occupation; it doesn't qualify him for a public job; it doesn't even make him an "expert witness," for even these have to know enough to get some kind of license.

It appears, therefore, that the up-to-date college is really a sort of entrance way, or distributing center, from which the student may pass to the courses that are to give him his real professional training. This function is a wholly worthy one, and surely justifies the perpetuation of the institution. It does not, however, call for any further extension of the time to be spent in this way.

The standardized college has clearly failed as a preparation for the practical work of treating disease. We should either admit this, and operate it frankly as a preparatory school, or modify its work until it furnishes a real preparation for practice. From the reorganization now going on it would seem that Hahnemann Medical College has decided to choose the latter of these alternatives.

GAIUS J. JONES.

An Appreciation by H. H. Baxter, M. D., Cleveland, Ohio.

Gaius J. Jones, M. D., born in Remsen, New York, February 27, 1843. Died in Cleveland, Ohio, February 7, 1914.

In the death of Dr. Jones, homœopathy loses one of its strongest and ablest exponents and advocates. The greater part of his boyhood was spent upon the farm, and in public addresses in later life, his illustrations frequently were drawn from the life and experiences of the farm. His early education was obtained in the public schools of his native town, and in the best academies of the state. When the civil war began in 1861, he was the first man from his town to enlist. He served in the 14th New York regiment, until a severe illness impaired his health so as to render him unfit for further service and he was honorably discharged. He began the study of medicine with Dr. M. M. Gardner in Holland Patent, New York, and was graduated from the Cleveland Homœopathic College in 1865. He commenced practice in Liverpool, Medina County, Ohio, but later removed to the neighboring and larger town of Grafton. Early in his career he demonstrated that power of inspiring confidence in those with whom he came in contact which was a marked characteristic. This, together with his firm faith in, and intelligent application of the principles of homœopathy, secured for him a wide reputation and a lucrative practice. He established homœopathy in these towns and in the surrounding country upon a sure and lasting foundation. They are today strong homœopathic centers.

In 1872 he was appointed Lecturer on Anatomy in the Cleveland Homœopathic College. The following year he moved to Cleveland and was made Professor of Anatomy. Here began that long, hard, unflagging college work that was to continue for the rest of his life. A few years later he was made Professor of Theory and Practice. The wisdom of this change is evidenced by the success he achieved in this department. He was gifted naturally with the art of teaching. There was never any straining for effect, never any attempts at oratory or eloquence. He never "shot over the heads" of the students. From his own experience as a student and young practitioner, he knew what the student wanted to know: what it was necessary he should know. This was presented to them plainly and in simple language, but clearly and forcefully. He was familiar with the teachings of the authorities, but drew largely from his own experiences and observations.

For ten years he was Dean of the Faculty, and during that time he gave much of his time, energy, and means to the support of the college, of which he was practically the head. Un-

like most physicians, he was a good business man, being President of the National Safe and Lock Co. for many years, and interested in other business enterprises.

When elected President of the American Institute of Homœopathy in 1910, he brought to the administration of its affairs the same good business judgment that was manifested in other directions.

Although well informed on all the new developments in medicine, and always ready to adopt new expedients that gave promise of usefulness, his faith in the homœopathic law of cure never faltered. He was always ready to advocate or defend these principles whenever occasion required. This steadfast manifestation of faith, and consistency in practice, had a marked effect upon the students under his teaching, and upon the younger practitioners. It attracted them to him, and young physicians turned to him, when in difficulty, for advice and assistance which was freely given. He occupied a large place among the homœopaths of Cleveland and of the country, one which it will be difficult to fill.

COLLEGE ALLIANCE.

Under Dr. Copeland as president and Dr. Burrett as secretary, measures constructive and defensive were discussed from ten in the morning till the evening dinner hour. Drs. Royal of Iowa, Hinsdale of Ann Arbor, Tupper of Philadelphia, Charles of New York, Runnels of Kansas City, Wilson and Cobb of Chicago, sat in council.

The officers for the ensuing year are president, Royal S. Copeland; vice-presidents, W. Henry Wilson and Edward Tuller; secretary and treasurer, Claude E. Burrett, Ann Arbor, Michigan.

The after dinner addresses of Attorney Umbreit and Dr. Burrett are given in this issue. The spirit of the conference is obvious from Dr. Bacmeister's report of the dinner on the evening of the 24th.

CHICAGO HOMŒOPATHIC MEDICAL SOCIETY.

Meeting of February 24, 1914,

Reported by Theodore Bacmeister, M. D.

This was a most splendid and out-of-the-ordinary meeting, marked by the presence of delegates to the College Alliance from all over the United States, by the attendance of one hundred and twenty-five guests, by a remarkable spirit of optimism and enthusiasm, and by an unusually good dinner.

President Wilcox of the American Institute was the first speaker and divided his time between a plea for a larger membership of and greater attendance at the meetings of the Insti-

tute, and a scholarly definition of the true relation of homœopathy to the general science of medicine. Homœopathy is a specialty; it is not all of medical science, but no system of medicine ever was or ever will be complete without homœopathy.

Dr. Copeland, Dean of the New York College, clearly showed the very essential part our colleges play in the perpetuation of homœopathy. In cities, states or nations which have no homœopathic colleges there are few and poorly supported homœopathic practitioners while in those localities and countries having colleges our practitioners are numerous and busy. Our colleges have been passing through a critical period but the danger is now on the wane and a period of prosperity is at hand. We owe more to the college than to any other thing and every man should earnestly support that institution.

From Dr. Cobb we had news of conditions in Illinois. This state is well organized for defensive work but the time is at hand wherein we must do more aggressive work. We must educate the people up to the many advantages of homœopathy and then ask their support in securing our rights from state and municipal governments.

Dr. Tuller, of Philadelphia, regretted the necessity of our entering the political arena but inasmuch as we can in no other way secure recognition and protection from the forces that seek our destruction we are left no choice and must enter politics. Let us go in to win!

A unique feature of the evening was the address of Mr. Arthur Smith of Boston in which we heard a layman's idea as to the possibilities of scientific and efficient organization of the Institute. The chief point made was that we lacked definite and continuous purpose. A business manager, whose term of office ran through a term of years, could better the present organization.

Dr. N. M. Serkoff, visiting the colleges of this country in the interest of his colleagues in Russia, addressed the society briefly in a message of good fellowship and well-wishing.

Dr. Hobson, newly elected Secretary of the Institute, spoke next. Dr. Hobson made a two-fold plea, one for the closer personal touch in our college and society work and one for a more fitting regard for and reward of the hard workers in our organizations—the old wheel-horses of homœopathy.

Eternal vigilance was the keynote of Dr. Royal's brief resume of the situation in Iowa. They are well organized out there now and are watchful of the state legislature's every move.

Dr. Hinsdale, one of the three representatives from Ann Arbor, declared himself willing to pay his respects to the "old wheel-horses" of Dr. Hobson, but what we really need is

the young "colts" of medicine. We need young blood in every one of our societies and must undertake an active campaign to meet and overcome the inroads made by the A. M. A. upon our young graduates.

Correspondence.

A Correction.

"THE GREATEST INLAND CITY."

Indianapolis, Ind., Feb. 23, 1914.

To the Journal of the A. I. H:

Under the above caption in your January 1914 number, page 651, you print a report of the Indianapolis Homœopathic Medical Society meeting of Dec. 16th, 1913.

From a number of communications received since the publication of your report I feel that the report is somewhat misleading. The facetious announcement of the meeting was sent out by our secretary to members of our local society and to your *Journal*. The real invitation which was in keeping with the dignity of the occasion, and sent to five hundred men of all schools of medicine, follows:

You are cordially invited to be present at a symposium on the "Social Evil" to be given under the auspices of the Indianapolis Homœopathic Medical Society at the Young Men's Christian Association Tuesday evening, December 16th, 8:30 o'clock, Dr. J. D. George, president, Dr. F. C. Stewart, secretary. Program.—Venereal Diseases, their relation to Public Health and Economics, Dr. Albert A. Ogle. (Dr. Ogle will illustrate his talk with Kinemacolor motion pictures in nature's own colors). Discussion.—Judge Newton M. Taylor, Dr. Wm. E. George, Rev. Frederick E. Taylor, D. D., Rev. W. C. Pearson, D. D. Admission will be by card. Kindly present this card at the door.

The subject as given, (page 651) "Diseases Venereal" is in error. "Diseases Venereal" is a prosaic subject, but the real subject, "Venereal Diseases, their relation to Public Health and Economics," assumes a somewhat more interesting and important role.

The discussion was by "word of mouth," but the kinemacolor motion pictures were used to illustrate the subject.

Fraternally,

A. A. Ogle, M. D.,

Secretary Indiana Institute of Homœopathy.

THE MICHIGAN SURVEY.

Ann Arbor, Mich.

To the Journal of the Institute of Homœopathy:

At the last meeting of the Michigan State Homœopathic Medical Society, the undersigned was instructed to prepare for the next meeting, which is to be held in Saginaw, May 12-13, a report upon the relations which homœopathic physicians sustain to public affairs and to present such other procurable statistics as may be of general interest. In preparing such a report it was necessary that a canvass, by letter, be made of the entire profession, numbering seven hundred. The enclosed blank was submitted to each physician whose address could be obtained, with the following request:

"Will you give immediate attention to filling out the blank and by so doing please the Society which I represent in preparing the desired data? An envelope is enclosed for returning the blank. I am sure you, as well as the Society, will be interested in the summarization which is to be made from the statements collected. The individual reports will be confidential, only deductions and general statements will be published."

W. B. HINSDALE, Committee

[Enclosure]

1. Name..... Address.....
2. What specialty, if any, are you pursuing?.....
3. Are you a member or officer of any board, commission or society that has to do with public service and welfare such as, board of health, board of education, pension or other examining board, city or town council or other similar office?.....
   .....
   Town .....
   Township .....
   County .....
   District .....
   City .....
   State .....
   National .....
4. For what Life Insurance Companies do you examine?.....
   .....
   .....
5. Are you surgeon or physician for any railroads, street car lines, factories, shops, mines, military organization, county house, etc?
   .....
   .....
   .....

6. Give names of hospitals, and other institutions in your locality in which homœpathic physicians have an active medical part.

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7. Are you individually associated with any hospital, sanitarium or similar institutions?.....

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8. If you can do so, please estimate conservatively the percentage of the population within the range of your practice who employ homœopathic physicians..... The same of those kindly disposed towards homœopathic practice.....

9. How much are you doing in public charity work without com pensation estimated in dollars?.....

10. Will you give names and addresses of editors or other newspaper men who employ or might employ a homœopathic physician?

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11. Do you know of any ladies' societies that are working particularly to give relief to the needy in homœopathic institutions?

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12. Are you connected with any public dispensary, training school or benevolent institution?.....

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.....

13. Please give other information pertaining to yourself and others that you consider will be of interest in a statistical report.

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14. Are there any public institutions, meaning those supported by public money, in your neighborhood from which homœopathic physicians are excluded from practice?.....

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NOTE—The object of this survey is to prepare an approximate estimate as to how much homœopathic physicians, outside private practice, contribute towards maintaining and bettering the social order by medical, social, charitable and official service.

HOMOEOPATHIC POSTGRADUATE SCHOOL.

Journal American Institute of Homœopathy:

The following statement and questionnaire have been prepared by a committee appointed by the Regular Homœopathic Medical Society of Chicago for submission to the homœopathic physicians practicing in the state of Illinois for the purpose of determining the wisest plan for successfully maintaining the principles of the homœopathic law of cure, and at the same time promoting the cause of homœopathy throughout the state of Illinois:

My Dear Doctor:

The most consistent practitioners of the homœopathic method for treating the sick have been converted from other methods by the superior results obtained by application of remedies in accord with the law of similars. At the present time, it is impossible for anyone to acquire a practical knowledge of these principles without giving more time to the investigation than the curriculum of any school as now organized can appropriate.

Chicago has been called the homœopathic center of the world. A large body of men and women, trained to observe the manifestations of disease, and capable of demonstrating the superior value of the indicated remedy are located in Chicago and its immediate vicinity. Unlimited clinical facilities and a large and wealthy clientele who would support such a project as soon as they saw that it had a good business foundation, makes Chicago the ideal location for the establishment of a postgraduate school of homœopathic therapeutics.

This brief resume explains the reason for the following questionnaire. We believe you have enough interest in the cause of homœopathy to give it careful consideration. If you believe good may be accomplished by aggressive work along the line indicated, we shall appreciate your endorsement of the same. If you have any suggestions along other lines, we will gladly give them careful consideration. With the earnest hope that a way may be found through which all who believe in the homœopathic law of cure may have an opportunity for doing efficient work for homœopathy, we desire to remain

Fraternally yours,

Regular Homœopathic Medical Society of Chicago,

By Geo. E. Dienst, Chairman,
H. S. Llewellyn,
J. B. S. King,
C. Edward Sayre,
H. W. Pierson.

QUESTIONNAIRE.

Question 1.—Do you favor the organization of a society, affiliated with the present State Association, devoted exclusively to the promulgation of the principles and practice of homœopathy?————————

Question 2.—Do you favor the organization of such a society independent of the present State Association?————————

Question 3.—Do you favor the organization of a Homœopathic College, affiliated with the State University?————————

Question 4.—Do you favor the establishment of laboratories by the State University for the demonstration of all the basic principles, to all societies of medicine and *discontinuing all support to institutions teaching the principles and practice* of any system of medicine?————————

Question 5.—Do you favor the establishment of a *post-graduate school of homœopathy* ————————

Name————————

————1914. Address————————

Send reply to Dr. Robert N. Morris, Secretary, 7 West Madison St., Chicago, Ill.

ATLANTIC CITY.

Report of the Transportation Committee.

The Transportation Committee still thinks favorably of the tentative schedule already outlined and presents the following definite program. We wish to call your attention to some facts about Atlantic City as a vacation playground. We are aware that these facts are old to many, but those who know will come. To the man or woman who is not decided, let us remind you—Atlantic City is the world's premier pleasure and health resort. Water on every side and continuous ocean breezes make impossible the extremes of temperature common elsewhere.

Atlantic City is a city of hotels, cottages and shops. Its sole business is to give health and pleasure to the people who come to it from all over the world. The public and private bath rooms in these hotels are supplied with hot and cold sea water, as well as hot and cold fresh water, enabling guests to secure the benefits of sea water in their own apartments without reference to time or tide. For those who wish to bring their families, the cottages are adapted to every purse and may be rented furnished for as long or short a time as required.

Visitors find the most distinctive feature of Atlantic City is the Board Walk. It extends eight miles on the beach, with practically an unobstructed ocean view. Its central portion is sixty feet wide. It is brilliantly lighted every evening of the year. The ocean view, the promenade, the shops, the rolling chairs are features of the Board Walk.

Extending seaward from the Board Walk are six great ocean piers, in all the world the greatest series of piers devoted exclusively to recreation. Concerts by noted bands, theatres, and net hauls are of especial interest.

The bathing beach is the most perfect on the Atlantic coast. Surf bathing is especially interesting. The conditions are ideal for sailing, fishing and crabbing. Golf is played all the year around, and they have splendid links.

The water supply comes from twenty-one artesian wells and an auxiliary lake in the forests far from civilization, and is of unusual purity.

For those who wish to motor, the garage accommodations are of unusual excellence. The paved streets, speedways and boulevards give ample opportunity for riding.

As a place for convalescents it has no equal. The pure salt air, rides in roller chairs and good hotels make recovery rapid and pleasant.

Arrangements are already complete for seeing Washington and Philadelphia on our going trip and much pleasure will be derived from the association of your fellow members who will make up the special train. Give the Committee your support by joining the special train, even if you have to go a little further to get it. They need your assistance to make the trip a success in every way and you owe them your allegiance for the amount of work they are doing for you and for the Institute.

Hotel expenses run from $3.50 a day up. The advertising pages will present this feature in detail, and the hotels will respond to all inquiries, as will the Business Manager of the *Journal*.

The Baltimore & Ohio railroad has been selected as the official route for the delegates from Chicago, the West and Northwest, to the meeting of the American Institute of Homœopathy to be held at Atlantic City in June next.

The Baltimore & Ohio railroad has always been known as "The Picturesque Route of America" for the reason that it passes through the most beautiful and historic portions of Eastern America.

A short distance from Chicago the road enters the State of Indiana, and passes through the interesting City of Gary. The northern portion of Indiana through which the road runs is very picturesque, being well cultivated and dotted with groves of luxuriant trees. About one hundred miles from

Chicago the lake region is entered, and a glimpse of "Beautiful Wawasee" may be obtained.

The northern part of Ohio is passed through in which are situated the thriving towns of Defiance, Deshler, Fostoria, Tiffin, Akron and Youngstown.

East of Pittsburgh the road passes through the Alleghany Mountains, along the Monongahela, Youghoighany and Casselman Rivers until Cumberland, Maryland, is reached when the beautiful Potomac River extends along the route almost to Washington, D. C. The scenery from Pittsburgh to Washington is unsurpassed. At Harper's Ferry the majestic Shenandoah River joins the Potomac, and a view of the Shenandoah Valley may be had.

From Washington to Philadelphia the road passes through the cities of Baltimore, Maryland; Newark and Wilmington, Delaware; and Chester, Pennsylvania.

From Philadelphia to Atlantic City the Atlantic City Railroad is used, the physical condition of which is such that a schedule of fifty miles an hour is maintained on regular trains.

The regular trains on the Baltimore & Ohio Railroad are now equipped with steel coaches, dining cars and Pullman sleeping cars. The road has been put into first-class condition, over sixty millions of dollars having been expended within the past few years.

For the accommodation of the delegates and their friends who will attend the meeting of the American Institute of Homœopathy at Atlantic City the Baltimore & Ohio Railroad will furnish a special train of all-steel equipment consisting of composite-buffet-library car, dining car, as many sleeping cars as may be required, and an observation car. The train will be operated on approximately the following schedule:

Leave	Chicago	10:30 A. M.
"	Milford Junction, Ind.	1:25 P. M.
"	Garrett, Ind.	2:25 P. M.
"	Deshler, Ohio,	4:00 P. M.
"	Fostoria, Ohio	4:40 P. M.
"	Akron, Ohio	7:30 P. M.
"	Youngstown, Ohio	9:00 P. M.
Arrive	Washington, D. C.	8:30 A. M.
Leave	Wishington, D. C.	11:00 A. M.
Arrive	Philadelphia	2:00 P. M.
Leave	Washington, D. C.	11:00 A. M.
Arrive	Atlantic City	5:15 P. M.

Delegates from Indianapolis can use the Big Four route to Milford Junction.

Delegates from Fort Wayne can take the Interurban line route to Garrett, Ind.

Delegates from Detroit and Toledo, Michigan Central and C. H. & D. to Deshler.

Delegates from Sidney and Dayton, Ohio, can take the C. H. & D. to Deshler.

Delegates from Marion, Ohio, can take the Hocking Valley route to Fostoria.

Delegates from Cleveland and Canton, Ohio, can take the Baltimore & Ohio to Akron.

It is expected that the same summer excursion fare between Chicago and intermediate points that obtained last year to Atlantic City and return will be available this season. Last year the fare from Chicago was $20.10. In addition to that summer excursion tickets will be sold to New York City and Boston, Mass. Stop-over on all summer excursion tickets is given at Newark, Akron, Cleveland, and Youngstown, Ohio; Pittsburgh and Markleton, Penna.; Wheeling, Terra Alto, Shenandoah Junction and Harper's Ferry, West Virginia; Oakland, Deer Park and Mountain Lake Park, Maryland, Washington, D. C., Baltimore and Philadelphia.

The sleeping car fare from Chicago to Philadelphia is as follows: Lower berth, $4.50; upper berth, $3.60; compartment, $13.00; drawing-room, $16.00. In order to occupy a compartment not less than one and one-half tickets will be required, and not less than two tickets for a drawing-room.

The Baltimore & Ohio Railroad has established a reputation for successfully handling special train parties, and no pains will be spared to make this trip one long to be remembered. Upon application a stop will be made at any point not here mentioned.

T. E. Costain, Chairman.

WANTED—1,000 MEMBERS.

WANTED—1,000 new members for the American Institute of Homœopathy. New members contemplating entering the National Homœopathic Organization, take note: "For the purpose of enlisting young physicians in active membership," graduates within three years from date of application, are admitted under the following ruling: Two dollars for the first year. This must accompany the application, and covers the annual dues of the Institute, and the subscription to the *Journal* the first year; then one dollar additional each year until such members are paying five dollars annual dues. Those applicants graduating more than three years shall pay the sum of three dollars towards defraying the expenses of the Institute, and may pay two dollars for the subscription to the *Journal* of the Institute. Send remittance by check or money order with your application properly signed and endorsed. For application blanks and further literature, "Why You Should

Join the American Institute of Homœopathy," address the Chairman of the Membership Committee, Dr. Ralph Bernstein, 37 South Nineteenth Street, Philadelphia, Pa.

CABINET OF ONE HUNDRED.

The following names are to be added to those already published in the *Official Register:*

G. I. Forbes, 215 Pearl St., Burlington, Vt.
A. P. Bowie, First Nat. Bank Bldg., Uniontown, Pa.
R. V. Sweet, 44 Charles St., Rochester, N. H.
Geo. W. Haywood, 11 Harwood St., Lynn, Mass.
Amos J. Givens, Stamford Hall, Stamford, Conn.
Henry P. Sage, 48 Howe St., New Haven, Conn.
Augustus Angell, 904 Main St., Hartford, Conn.
Wm. Wilson, 201 West Market St., Akron, Ohio.
Milton L. Munson, 1503 Pacific Ave., Atlantic City, N. J.
E. M. Howard, 401 Linden St., Camden, N. J.
Henry C. Aldrich, 401 Donaldson Bldg., Minneapolis, Minn.
Robert F. Hovey, 5 Oak St., Springfield, Mass.
J. G. Keiser, 427 East Long St., Columbus, Ohio.
Charles B. Kern, 610 Columbia St., Lafayette, Ind.
John M. Lee, 179 Lake Ave., Rochester, N. Y.
James F. Ackerman, 1010 Grand Ave., Asbury Park, N. J.
George W. Miller, 825-6-7 Reibold Bldg., Main St., Dayton, Ohio.
J. D. George, 618-619 Indiana Pythian Bldg., Indianapolis, Ind.
Frank W. Patch, Woodside Cottages, Framingham, Mass.
Charles A. Church, 128 Prospect St., Passaic, N. J.
T. L. MacDonald, 1501 Mass. Ave., N. W., Washington, D. C.
Sanford B. Hooker, 80 East Concord St., Boston, Mass.
E. Jones, 1658 Beacon St., Brookline, Mass.
Van A. H. Cornell, 41 W. State St., Trenton, N. J.
J. H. Fobes, 1 W. 68th St., New York, N. Y.
George H. Quay, 820 Rose Bldg., Cleveland, Ohio.
T. L. Hazard, Iowa City, Iowa.
V. H. Hallman, Ark. Nat. Bank Bldg., Hot Springs, Ark.
V. D. Washburn, 826 Washington St., Wilmington, Del.
E. A. Carr, Lincoln, Nebr.
G. W. Hartman, Harrisburg, Pa.
W. G. Crump, 837 Madison Ave., New York, N. Y.
Chas. H. Colgrove, Willimantic, Conn.
William M. Muncy, 23 Waterman St., Providence, R. I.
W. Henry Wilson, 3129 Rhodes Ave., Chicago, Ill.
George A. Davies, St. James Bldg., Jacksonville, Fla.
Charles P. Bryant, 730 Central Bldg., Seattle, Wash.

Society Announcements.

CLINICAL RESEARCH.

The American Association of Clinical Research will have its next meeting on November 5, 6, 7, 1914, at Loyola College and Biedler-Seller Hospital, Baltimore, Md.

Communications may be addressed to the Permanent Secretary, Dr. James Krauss, 419 Boylston St., Boston, Mass.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION

The next meeting of the International Hahnemannian Association will be held at The Holmhurst, Atlantic City, New Jersey, on June 25, 26, 27.

Atlantic City was selected as the result of a postcard vote of the members, being the preference of the largest number.

The American Medical Association is to meet at the same place for the whole week beginning June 22.

The sessions of the American Institute of Homœopathy will be held in the same city during the following week beginning June 28th.

It is a most unusual coincidence that all of these national societies should have chosen Atlantic City as their meeting place for this year and it will give an opportunity for much interchange of thought if the members are able to arrange to attend some of the sessions of the different bodies.

It should also act as a spur to especial achievement on the part of the members of the I. H. A. who will be quite likely to have more than the usual number of visitors and will want to make as good a showing as possible.

The President, Dr. Franklin Powel of Chester, Pennsylvania, has appointed the following members as Chairmen of Bureaus: Dr. Guy B. Stearns, New York City, Philosophy. Dr. R. E. S. Hayes, Waterbury, Connecticut, Materia Medica. Dr. T. G. Sloan, South Manchester, Connecticut, Clinical Medicine. Dr. J. W. Krichbaum, Upper Montclair, New Jersey, Surgery. Dr. V. A. Hoard, Rochester, New York, Obstetrics.

Members are urged to communicate with chairmen of the various bureaus as early as possible in order that all work may be planned systematically in advance.

Frank W. Patch, M. D.,
Secretary.

INDIANA INSTITUTE.

The 48th annual session of the Indiana Institute of Homœopathy will convene in Indianapolis, May 13th and 14th, 1914.

This year we are fortunate in having for our president Dr. C. A. Baldwin, of Peru, Indiana, a staunch homœopathist, with the courage of his convictions. His "First Call" for the meeting has just been issued and is characteristic of its author.

The local committee on arrangements, composed of Drs. Wm. E. George and W. R. Stewart, announce the place for this year's meeting as the assembly room of the new Hotel Severin.

On the night of May 13th a banquet will be served at the hotel, and on this occasion Dr. DeWitt G. Wilcox will be the speaker of the evening.

A. A. Ogle,
Secretary.

ILLINOIS MAY MEETING.

J. W. Calvert, M. D., President.

The outlook becomes brighter as the time draws near for the meeting of our State Society in May. The efforts on the part of your officers, particularly Bureau Chairmen, have been well rewarded. The bureaus are all full and every hour of the four days' time is filled to the limit.

The Bureau of Gynecology, at one o'clock on Tuesday, with Doctor A. M. Houston, of Joliet, as chairman, will first invite attention, and deals with the most interesting and up-to-date subjects in that department of medicine.

The remainder of the afternoon will be devoted to the Bureau of Materia Medica, under the leadership of Dr. L. F. Ingersoll, of Chicago, as chairman. This bureau promises to handle the subject of Materia Medica in a manner new, and bright and live, and from many different viewpoints.

We shall begin our work on Wednesday morning at 9 o'clock, with the Bureau of Clinical Medicine, under the leadership of Dr. C. T. Hood, of Chicago, as chairman. The general subject of Tuberculosis will be treated in a scientific and up-to-date manner, and many departments of medicine will have their say in this bureau.

The Bureau of Ophthalmology, Otology, Rhinology and Laryngology promises to fulfill all our expectations.

The Bureau of Pediatrics, under the leadership of Dr. Anson Cameron, promises a report of the work among the children of Chicago undertaken by the Daily News Sanitarium during the season of 1913, and will be especially interesting.

One of the leading speakers of the day upon this subject will be there to make some valuable suggestions of things concerning the care of children.

The Bureau of Obstetrics, under the able leadership of Dr. Belle Gurney, on the evening of Wednesday, has two or three papers of more than usual interest to the profession. Problems met every day in obstetrics and some of the newer ideas of handling obstetrical cases will be shown in this bureau.

The Bureau of Surgery, under the leadership of Dr. Culver, of Aurora, promises some very able papers on the subject of Surgery.

The election of officers will be held on Thursday afternoon, followed by the Bureau of Sanitary Science, Dr. Barstow, chairman, which probably will be the best bureau of the session, at which time Warden Allen of Joliet Penitentiary will be heard upon the subject of handling convicts.

The Bureau of Homœopathy is under the leadership of Dr. Aurand, of Chicago, Thursday evening, four to six o'clock, at which time we shall have an address by Dr. Wilcox, President of the A. I. H., and several other papers by some of our ablest members upon subjects pertinent to homœopathy.

The joint banquet of the Illinois State Eclectic Medical Society and the Illinois Homœopathic Medical Association will occur at the Hotel LaSalle on Thursday evening at 6:30, and is informal. At this time we shall have the leading address of the session by Dr. Wilcox of Boston, President of the A. I. H. The banquet will be followed by a lecture and stereopticon views on Syphilis and Genito-Urinary diseases by Dr. Albert A. Ogle, of Indianapolis. This will be the closing lecture of the meeting.

On Friday morning, the fifteenth, at Hahnemann Medical College, 2811 Cottage Grove Ave., will occur the special clinics of the meeting, the details of which will be announced later.

Now Doctor, we are endeavoring to do much for your professional welfare and advancement. We cannot accomplish this result, without your co-operation.

Your prompt attendance and personal interest in the proceedings are the main requisites of our success. Mere presence often leads to an increasing interest and finally to an enthusiastic participation in society affairs. The bureau chairmen have prepared a most excellent program for this May meeting, with ample social diversion as well. Here will be presented for discussion the latest medical discoveries, the best procedures and the most practical suggestions from the great workshops of the medical world.

You cannot afford to ignore this opportunity for professional improvement. It is a short postgraduate course of no mean importance.

The added interest and the new knowledge gained at this time greatly increases your financial and professional success.

Let us attend this meeting with these objects in view. Let us make some sacrifice if necessary to maintain our standing as a progressive physician in our own community. Let us go early and remain throughout the session.

The change of the place of meeting from the Hotel Sherman to the Hotel LaSalle we feel assured will be an advantageous one.

The executive committee has reserved for us an entire upper floor for convention purposes. The rooms are larger and farther removed from the disturbing noises of the lower floors.

Members from out of the city will find it a convenience and pleasure to make this hotel their home while attending the meeting as every means for successful entertainment is employed by the management who will appreciate their patronage.

General News.

California. The state meeting date has been changed from May to June. The place is in the Yosemite, and the date will be placed early enough in the month to enable the members to attend and then go on to Atlantic City for the Institute session.

Editor Boericke of the Pacific Coast Journal has completed his thirtieth year of medical journalism. Early in its history the Journal became the champion of the younger faction then existing and has been ever since an ardent advocate of the upbuilding of the college and hospital as essential to medical progress on the Pacific coast.

The Sacramento Valley society is doing aggressive publicity work through personal efforts and the distribution of the Arndt leaflets and Casseday's "Homœopathy and Health."

The newly elected officers of the Sacramento Valley society are Harry A. Watts, president; Jesse A. Rice, vice-president; J. Hayes Fisher, secretary-treasurer. The president was host to the February meeting.

Dr. Cowperthwaite is doing special work with radium in Los Angeles. In a personal letter, he writes: "While you are wading through snow and ice and facing blizzards, we are having delightful, warm, sun-shining weather. It is hard for me to realize that this is winter time. It is certainly a glorious country in which to practice medicine; at least I think so as I look back over forty years of exposure that I have endured in all sorts of weather in Iowa and Illinois."

Colorado. The officers of the state society this year are George W. Palmer, president; Frederick A. Faust and Grover

Phillips, vice-presidents; C. DeWitt Fisher, treasurer; P. G. Rowe, secretary. Dr. Faust is from Colorado Springs. The others are Denver men. They all are working with enthusiasm to secure a goodly attendance at the Atlantic City session, not only from Colorado but from the whole Rocky Mountain territory.

Illinois. Already the *wanderlust* is upon us. Dr. Kerch of Dundee goes abroad in the late spring. Dr. McBean of Chicago, Dr. O. L. Smith of Lexington, Kentucky, Dr. and Mrs. Cliver of Chicago sailed March 28th on the Carpathia by the southern route; a little playtime in Italy and then to Vienna. Dr. and Mrs. P. C. Schenkelberger go in May. Dr. Boom (Hahn. '13) and Dr. Cecilia Kimball are already in Vienna, so by early summer the Hahnemann-Chicago group will have a *kaffee-klatsch.*

The April meeting of the Chicago Homœopathic Medical Society comes early, the 16th. It is the night for election of officers and the annual dinner at the Sherman. Dr. W. Henry Wilson will present a paper on the present status of serum therapy. Dr. Clifford Mitchell will report on the questionnaire concerning medical politics. Dr. Julia Strawn will report on the hospitals visited in her trip around the world. Dr. Mitchell has received 500 answers to his query on a separate state board of examiners. Some of them are from practitioners who have yielded to the blandishments of the old school, or for other reasons have quit homœopathic organizations. Some interesting disclosures are likely to be made.

Dr. N. M. Serkoff from Moscow, Russia, was an attentive visitor during the February conferences.

Dr. Chislett has returned from his annual holiday.

Dr. H. W. Schwartz, of Yokohama, returns to this country in April and will come to Chicago before making a permanent settlement.

Dr. Samuel P. Hedges, one of Chicago's senior men, is suffering from impaired health since a recent accident in the collision of his electric with a street car. Dr. Hedges will retire from medical practice in the near future and after a trip abroad, will spend his time with members of his family in Brooklyn, Oregon, Guatamala and Chicago. The Doctor has in his library a full set of the Transactions of the American Institute of Homœopathy, since its organization seventy years ago. This set of books is for sale and ought to be secured by one of our medical schools with a good librarian, or by some individual who will appreciate its historic value.

Chicago has established public school dental clinics for such children as need work done on the teeth and whose parents are too poor or too indifferent to spend money to save a tooth which otherwise will be lost permanently.

Dr. J. B. S. King has aroused considerable comment by his criticism of medical inspection in the public schools. The subject was ardently discussed at a recent meeting of the Regular Homœopathic Medical Society.

Iowa. Dr. W. A. Hubbard of Cedar Rapids will present the chief paper at the Central Iowa meeting in Iowa City, April 15th.

Dr. Hoskins entertained the Sioux City local society at his home for the March program.

Dr. Wilcox will be the guest of the Iowa State Association at Iowa City, during the session May 19 to 21.

A bureau of social welfare has been inaugurated in the University of Iowa. An inquiry into the factors that contribute to infant mortality will be instituted. There is a good opportunity to tabulate results of diverse therapeutic measures.

Maryland. A bill has been introduced into the state legislature to change the name of the Maryland Homœopathic Hospital to the Hahnemann Hospital.

Massachusetts. "Richardson's Folly," the critics called it, when Dean Frank Richardson carried through, in spite of opposition, the plan for a small, perfectly lighted attractive audience room in the Evans Memorial Hospital, for the particular purpose of instructing the public in preventive medicine. The results already in three years' time have justified the expenditure. The subjects of public lectures during the present season have been: Who should marry; The Obligations of Maternity; Motherhood; Care of the Baby; Milk; Habits; Home Training; Peculiar Children; Surgery that Saves; What to Eat; How to Cook; Sex Hygiene (for Women); Sex Hygiene (for men); Home Nursing; Public Sources of Contagion; Prevention of Crippled Bodies; Fake Cures; Can Consumption be Cured; Use and Abuse of Alcohol and Tobacco

The lecturers for April are Dr. Clarence Crane: First Aid. Dr. Wilcox: The Menopause. Dr. W. H. Watters: The Filthy Fly. Dr. Helmuth Ulrich: What's in the Blood?

Recently the Boston Post stated that the Massachusetts General was the only hospital in Boston which treated cancer. To the medical profession this was a clear case of medical partisanship. But to many a reader it carried an entirely false notion of some fifteen or twenty highly respectable and altogether reliable institutions. It is in the Evans Memorial that Dr. Nowell has done his investigation in cancer.

Michigan. The Verification Club of Washtenaw County is a distinct addition to the organizations assembled for valuable clinical work. A detailed account of the February meeting is given under SOCIETY PROGRAMS.

Dr. Neil Bentley, secretary of the Practitioners' Society in Detroit, believes in making everybody work. The entertainment committee for the meeting April 20th is Drs. Kelley, Anderson, Mowrey, Hodge, McMahon, Morin, Trask. Dr. C. B. Kinyon of Ann Arbor is guest of the evening, presenting the chief paper. Dr. W. G. Paterson will present report of clinical cases.

Dr. N. M. Serkoff of Moscow, Russia, and delegate from the International Council of Homœopathy, spent a few days at the University. He was entertained by the faculty and a reception given him on the evening of Feb. 27 at the Homœopathic Hospital. The complete library here of homœopathic literature was of great interest to the Doctor.

Dr. W. B. Hinsdale is working out an elaborate plan for ascertaining the relation which homœopathic physicians sustain to public affairs in the state of Michigan. If the profession co-operate in this matter, the statistics will be most valuable as well as interesting. This contemplates the same feature of complete statistical estimate of homœopathic service as will be secured for our colleges by a rating at the hands of our own profession, rather than taking others' biased opinions on so vital a matter.

New Jersey. The local profession has lost a long time member of the Institute in the death of Dr. Edwin DeBaun, Passaic.

New York. The retirement of Dr. Eugene H. Porter from the State Board of Health is a regret to all his friends. Dr. Porter was appointed by Governor Higgins and his work was so well done that he was retained by Governors Hughes, Dix and Sulzer. Dr. Porter's service has been one of marked efficiency.

The Brooklyn Homœopathic Hospital has lost an active lay worker in the death of Mrs. Almira J. Hull.

The conservative doctors of Kings County are aroused over the specious self-advertising of some members of the profession. Others refuse to get excited, for they know that sort of thing is self-destructive.

The Board of Women Managers of the Buffalo Hospital announce on Easter Monday a bridge party at the Twentieth Century Club.

Edward M. Griffith, president of the Board of Trustees of the Homœopathic Hospital in Albany, appointed the following executive committee for the ensuing year: Edward N. McKinney, Albert J. Wing, Wm. P. Rudd, and John W. Emery, with the president ex-officio.

The hospital reports total of $2,832.44, recent contributions for current expenses.

Ohio. The programs of the Cleveland Society, under the presidency of Dr. Lee have been uniformly of high grade and universal interest. The Society has entertained as guests during the year, Drs. Sawyer, Humphrey, Church and Dawley of Ohio, and Nowell of Boston.

As a result of his work at the Evans Memorial at the Boston University School of Medicine, Dr. Nowell has done much to place our school in the forefront among research workers. The doctor read a scholarly paper, going into the details of the laboratory processes which have enabled him to isolate a principle which is most active in causing a carcinomatous development when injected into the animal. Just what this principle is he does not know. It is interesting that he has not been able to isolate it from degenerated carcinomatous tissue, but only from what he calls normal carcinomatous structure. Neither has he had any results from the same process carried out with sarcoma. The paper was a very clear, comprehensive and yet most modest and unassuming, effort and left its impression on his audience.

Drs. Staples, Nobles, Wood, Biggar, Sr., and Horner were hosts to Drs. Dawley and Humphrey in their recent visit to Cleveland. Dr. Biggar entertained at midnight luncheon the members present at the March meeting.

Dr. James C. Wood recently addressed the Men's Club of Unity Church, Cleveland. The doctor took for his subject the ravages which only too often follow the infection of the genital organs of women from transmitted gonorrhea and syphilis. He sounded a needed warning and pleaded for purity of life on the part of the men.

Drs. J. Richey Horner and N. T. B. Nobles attended the meeting of the S. E. Ohio Homœopathic Medical Society at Columbus, January 29. Dr. Nobles discussed prostatectomy while Dr. Horner read a paper on the diagnosis and treatment of mental and nervous diseases.

It is rumored that the Cleveland College is definitely slated for removal next year to Columbus and association with the Ohio State University as the Homœopathic Department. It is being planned to erect a homœopathic hospital of eighty beds on the campus of the University.

It is with regret that we learn of the serious illness of Dr. M. H. Parmalee of Toledo. For more than forty years the doctor has been a staunch adherent of homœopathy and in his earlier days was a great factor in the firm establishment of our school in Toledo, winning for it a place in that city which it has never lost.

Both Drs. Dawley and Humphrey say that there is room for a number of homœopathic physicians in Toledo. They will be glad to have any one contemplating locating write to them.

A promise for the future which is most interesting is that the April meeting is to be given over to Dr. James Krauss of Boston, whose various activities in and for our school and its advancement are too well known to members of the Institute and readers of the *Journal* to need recapitulation. We are quite free in assuring him of a most hearty welcome to our fair city.

Pennsylvania. The June meeting of the Lehigh Valley Society will be held at the State hospital at Rittersville. The following officers were elected for the ensuing year: F. P. McKinstry, president; E. C. Statler, vice-president; S. C. Swartz, secretary; Walter Seibert, treasurer.

Dr. Bernstein was the guest of the Oxford Medical Club at its March meeting.

Dr. Mary Branson entertained in March the Women's Medical Club and Dr. Ida Scott who related her experiences in China.

Dr. Leon T. Ashcraft, president of the state society, and Dr. Walter Barker, the x-rayologist, and the Tyrone Club were guests of the Blair County society at the Schmitt House, Altoona, at the recent banquet.

The mid-winter smoker of the Motor Club came off March 10th at Hotel Walton.

Virginia. Dr. F. B. Parker of Roanoke entertained the attending physicians at the recent state meeting by an automobile ride over the city and dinner at Hotel Roanoke.

Dr. H. S. Corey of Richmond was recommended to the Governor as the homœopathic representative on the State Board of Examiners.

The following officers were elected: Dr. M. A. Newman of Norfolk, president; Dr. Milton B. Coffman of Richmond, vice-president; Dr. G. W. Johnson of Danville, secretary and treasurer.

To the legislative committee, Drs. Corey and Baker of Richmond and Williams of Hot Springs is entrusted definite political activity, while Drs. Coffman, Jenney and Johnson have charge of propagandistic work.

Norfolk was selected as the place of meeting next year.

England. Dr. Simpson presided at a recent lecture given in the Temperance Institute, Southport, by Dr. Hoyle. The lecturer stated that the original fight against homœopathy was organized by the chemists and not by the profession, and further that any therapeutic method which can stand the "onslaught of persecution for over a century deserves a more extensive trial than can be obtained at the hands of a private corporation."

Dr. Hoyle is devoting his entire time to the Council work on progress and economic values of homœopathy.

Change of Address.

From membership list in *Journal* of November 1913.

	Moved To
M. L. Hutchins	R. F. D. No. 4, Box 533, Los Angeles, Cal.
Percy A. Tindall	2102 Chestnut St., Philadelphia, Pa.
George G. Van Mater	20 N. Broadway, Peru, Ind.
L. E. Hetrick	4 W. 93rd St., New York City.
Rollin S. Gregory	R. F. D. No. 1, Box 71 A, Newport Wash.
Wm. G. Gardiner	The Lenox, Iowa & Atlantic Aves., Atlantic City, N. J.
Ray C. Klopp	1360 Perkiomen Ave., Reading, Pa.
Rhoda F. DeBlois	102 Gladwin Bldg., Detroit, Mich.
M. L. Swain	5 Jefferson St., Newton, Mass.
Lee Norman	204 W. 109th St., New York City.
Homer B. Van Hyning	Otsego, Mich.
W. V. Hanscom	205 Groveland St., Haverhill, Mass.
Julia D. Godfrey	615 Clinton St., South Bend, Ind.
Maybelle Park	Greene Bldg., Seattle, Wash.
Ashley B. Palmer	Greene Bldg., Seattle, Wash.
W. G. Palmer	Greene Bldg., Seattle, Wash.
W. O. Bell	Greene Bldg., Seattle, Wash.
Chas. Billington	1133 Cleveland Ave., Portland, Ore.
Mary B. Jepson	221 N. 2nd St., Olean, N. Y.
H. E. Whitaker	Warren, Ill.
S. E. Stinnette	5959 Calumet Ave., Chicago, Ill.
Edwin S. Blair	San Bernardino, Cal.

Obituaries.

"By medicine life may be prolonged,
But Death will seize the Doctor, too."

Dr. T. E. Parker was born at Parkersville, Chester Co., Pa., on Dec. 16, 1854. He received his medical education at Hahnemann College, Philadelphia, graduating in the class of 1880. He practised his profession for a few years at his home in Parkersville, then in Claremont, N. H. He went to Woodbury, N. J., in 1889 where he practiced until his sudden death of cerebral hemorrhage on Dec. 29, 1913. He was a member of the New Jersey State Homœopathic Medical Society, member and secretary of the West Jersey Homœopathic Medical Society, member of the Tri-Country Medical Society of Pennsylvania, and of the American Institute of Homœopathy which last he joined in 1891. E. M. P.

Dr. Henry L. Obetz died Dec. 20, 1913, at his home in Detroit after an illness of over a year. Dr. Obetz was one of the best known physicians of his day. He was born in Columbus, O., July 8, 1851, the son of Cyrus and Sophia Obetz. He received his education in the public schools of Paris, Ill., and the Cleveland Homœopathic hospital. He practised medicine in Paris, Ill., from 1874 to 1883, when he was appointed professor of surgery, and later dean of the homœopathic medical college of the University of Michigan.

He held this position until 1895, when he came to Detroit. He performed many daring feats of surgery, notably an operation on the

heart, at St. Mary's hospital. He had been on the staff of Grace hospital ever since its founding, and was also active at St. Mary's.

Dr. Obetz was a member of the American Institute of Homœopathy, the Wayne County Medical Society, and the Quarter Century club.

Deeply interested in his own profession, Dr. Obetz was especially solicitous concerning public health questions, and the purity of Detroit's water supply.

In response to his own request, the body was cremated and the ashes taken to his former home, Paris, Ill., after a ceremony at the residence December 23. He was one of the promoters of the Detroit Crematorium, and indorsed this method of disposing of the dead. His ashes will be interred in the family lot at Paris.

Edwin DeBaun died in Passaic, N. J., January 7, 1914. Dr. DeBaun joined the Institute in 1893.

M. F. Middleton, M. D., 227 Cooper St., Camden, N. J. "Gone to the land of Eternal Rest." F. M.

Stanley Vincent, M. D., Catskill, N. Y., died Feb. 25, 1914. A member of the Institute since 1906.

Herbert F. Heilner, M. D., died at Scranton, Pa., Feb. 20, 1914, after a brief illness, aged 50 years. Dr. Heilner was well known all over the state. He has been a member of the Institute since 1887.

Susan Fisher Rose, M. D., Cleveland Homœopathic College, 1875, died in Meadville, Pa., Feb. 13, 1914.

Louis A. Snell, M. D., Chicago Homœopathic, 1886, died in Los Angeles, Cal., Jan. 22, 1914.

Jacob F. Frantz, M. D., New York Homœopathic, 1876, died in New York City, Feb. 7, 1914.

Armin Uebelacker, M. D., New York Homœopathic, 1871, died in Morristown, Feb. 6, 1914.

Frederick Scheuermann, M. D., Chicago Homœopathic, 1879, died in Chicago, Jan. 17, 1914.

Horace T. Holden, M. D., Chicago Homœopathic, 1897, died in Omaha, Neb., Jan. 21, 1914.

Society Programs.

California. Reported by Dr. Harry A. Watts. Sacramento Valley Homœopathic Medical Association, February 11: Psychotherapy. C. F. Clark, Woodland. A scholarly, exhaustive presentation, followed by a discriminating discussion. Informal discussion of ways and means of effective publicity of the advantages of homœopathic theapeutics.

Delaware. Reported by Dr. Julian Adair, secretary. Newcastle County, March 11. Treatment of Uncompensated Cardiac Lesions. Dr. J. L. Fisher.

Illinois. Chicago Homœopathic: Glandular Extracts in Menstrual Irregularities by Dr. Peter Clark. Conversation of Hearing by Dr. George McBean. Demonstration of Lip Reading by Miss Mary McCowen.

After Dinner Club: Dr. Charles W. Gilkey, Religion in Medicine. Dr. Gilkey is minister at the Hyde Park Baptist Church and has won a reputation for his common sense application of religion to daily life.

Iowa. Sioux City March meeting: Spinal Diseases. Dr. Samuel B. Hoskins.

Kentucky. Louisville, Falls City Society: Sacro-iliac Strain by Dr. O. F. Miller.

Massachusetts. Boston District Society, March 5th: Adenoids and Aural Disease by Dr. N. H. Houghton. General discussion was opened by Dr. F. R. Sedgley.

Michigan. Reported by W. D. Rowland, M. D. The regular monthly meeting of the Verification Club of Washtenaw County was held Feb. 12, at 8 p. m. in the Homœopathic Hospital. Dr. C. B. Stouffer of the University Health Service, read a paper on the Need of a Health Service at Michigan. This service was established in the fall of 1913, with a Staff of three physicians in constant attendance. A building near the Campus is equipped with a reception room, an administration office, three consulting and treatment rooms, and a clinical laboratory. Owing to demands made upon the service it was necessary to appoint a fourth physician in January. The present staff consists of three medical men and one medical woman, with the assistance of two senior students from each Medical Department of the University. A trained nurse is also in attendance. A report made on January 27, covering a period of 4 months, showed a total of 4,800 calls at the service by University students. Of this number 34 per cent were taken care of by the Homœopathic representative, Dr. Stouffer. The University Hospitals act as consultants to the Service and receive any cases needing hospital care. Statistics show that this service is reaching a larger clientele and with a smaller staff than similar services at other large universities. The value of this service, which is maintained wholly for the student, should be a consideration in his choice of an institution wherein he shall elect to do his work.

A further part of the program of this meeting was the presentation of cases by the Surgical Staff; a case of hypospadias, one of bow-leg, and one of lateral spinal curvature.

Ohio. Reported by Dr. J. Richey Horner. The guest of honor for the February meeting of the Cleveland Homœopathic Medical Society was Dr. W. A. Humphrey, Toledo. The doctor presented a splendid paper dealing with present day knowledge of serum and vaccine therapy. In his discussion he took up the history of the subject in general and then gave the indications under which each was administered. Each of the vaccines and sera now in use was presented in the paper and what was known about it and its use described. We are hoping to see the paper in print as it was one of those which need more than just a hearing in order to appreciate the wealth of its contents. The discussion by members was interesting, bringing out the fact that there was not a unanimity of

opinion as to the entire effectiveness of treatment by either the vaccines or the sera.

Dr. H. F. Biggar, Senior, gave an interesting talk on the influence of barometric pressure on cardio-vascular and renal diseases. This was very interesting and instructive, being a recital of a number of cases which had come under the personal care and observation of the doctor.

The March meeting of the Cleveland Homœopathic Medical Society was very properly devoted to a memorial of Dr. Gaius J. Jones, who for more than forty years had been such a force for our school, in not only the city of his home, but in the state throughout which are scattered hundreds of graduates of the Cleveland Homœopathic Medical College. Dr. H. H. Baxter, a lifelong co-worker and warm friend in chosen words told of the good work done by the doctor and the tremendous influence his life had had in the community. The society upon the conclusion of the remarks silently by a rising vote testified to the esteem in which Dr. Jones had been held and ordered that the secretary make a fitting minute of the act.

As a proper second part to the program, there was a discussion of the relation of the state of Ohio to the homœopathic school of medicine. Dr. Lester E. Siemon, a member of the State Board of Registration gave a terse summary of various incidents happening recently, having to do mostly with the projected merging of the Cleveland college as the homœopathic department of the state university. This plan is moving slowly along and it is thought will finally be successfully accomplished.

Dr. C. L. Moore, the very efficient secretary of the college, gave a resume of the work done in the institution and the prospects for the future classes.

Dayton Semi-Monthly: March 2, Pneumonia by Dr. T. L. Laughlin. Materia Medica by Dr. J. M. Wise. March 16, Malaria by Dr. Frank Little. Materia Medica by Dr. J. D. Wonder.

Pennsylvania. Reported by Dr. Ralph Bernstein. Lehigh Valley, March meeting: Fees for Physicians, by Dr. John E. James, Philadelphia. Non-Medical Therapeutics by Dr. J. P. Pursell of Sellersville. Into the discussion of uniform fees came the question of fees for service rendered nurses and ministers.

Philadelphia County, February: Education Symposium on the Early Recognition of Cancer. Dr. William B. Van Lennep discussed cancer of the breast, Dr. D. B. James, that of the uterus, and Dr. Bernstein, cancer of the skin, illustrated by lantern slides.

Clinico-Pathologic: Necrosis of the Jaw, Dr. H. S. Weaver. Statistics of Blindness, Dr. H. L. Gowens, Jr. Physiologic Testing of Drugs, Prof. W. A. Pearson.

Oxford Medical: Herpes Zoster by Dr. P. H. Ealer.

Women's Homœopathic of Pittsburg: Diseases of the Lungs by Dr. Ella Goff.

West Philadelphia Hospital Staffs: Treatment of Diseases of Seminal Ducts by Dr. Leon T. Ashcraft.

Virginia. Reported by Dr. G. W. Johnson, Danville, Secretary. Virginia Homœopathic Medical Society: Under the presidency of Dr. F. B. Parker, the following program was presented:

"Echoes from the Southern Association".....Dr. Koons
"Marine Plasma".....Dr. Baker
"A Day's Practice Among Children".....Dr. Corey
"Practical vs. Theoretical Homœopathy. A Program for Advancing Homœopathy".....Dr. Williams

London. British Homœopathic Society, March: Specimens exhibited by Mr. Dudley White and Dr. Hare. Some Pulmonary Cases treated with Endotoxins by Dr. T. G. Stonham. The Problem of Anaphylaxis by Dr. J. G. Hare.

Clinical Comment.

It is curious to note the change in the mental attitude of patients toward physicians. The intelligent layman of to-day, not only comes to us for the relief of his symptoms when sick, but also for information and advice as to the prevention of sickness and ill health. In other words, the laity are beginning to realize that the doctor who can keep them well is quite as valuable as the one who can restore them to health after the onset of sickness.

The impression is more and more forced upon us that the outlook for the physician along these lines is both inspiring and encouraging and the man who will fit himself for this work will not be compelled to lament over the "good old times" when diphtheria and typhoid fever kept him busy all winter. *Hahn Monthly, Feb. 1914.*

My experience has taught me that mercurial poisoning disintegrates the bony tissues as well as the muscular, membraneous, and nerve tissues, as I have observed in so many cases of pyorrhœa that were relieved after removing the mercurial compositions from the mouth.

Chaney. Med. Advance, Feb. 1914.

Of all that has been said of nitrous oxid with oxygen as an anesthetic, one of the most important features in its favor is the freedom from nausea and vomiting, and this depends to a great extent on the skill and technic of administration, together with the proper preparation of the patient and the purity of the gases. *Welch Clinique, Dec. 1913.*

Cesarian Section.—The technic employed in the modern Cesarian operation has been so perfected, and the indications for the operation so broadened, that it is now frequently resorted to in order to give both mother and child greater chances for

life. The rapidity with which this operation can be safely performed by an experienced abdominal surgeon is an important factor. Modern aseptic technic and favorable surroundings are essential and will insure practically a nil mortality, provided the mother has not already been infected by repeated examinations and efforts to deliver.

Forceps are used by many practitioners needlessly. Many physicians resort to high forceps delivery who would not attempt to do a Cesarian section, but if he did and his technic was as careless as in the high forceps operation his mortality would be fearful, and both are major operations. The indiscriminate and improper use of forceps in deformed pelves is most fatal.

There are scores of lives sacrificed every day that could be saved by Cesarian section. The obstetrician who would not call to his aid—when it is possible to do so—a competent surgeon in all cases of extreme or difficult or complicated labor has not done his full duty to his patient, and no one who has not done so can excuse himself or be excused from censure or more severe responsibility when death claims either the mother or the babe.

Do not wait until nature is exhausted and your mother and babe are dead, but when you find that labor cannot be completed in the natural way, call to your aid a competent abdominal surgeon and with his aid your mortality will be no greater than is the average in general non-surgical obstetrical cases.

Miller. Pac. Coast Jour. Hom., Jan. 1914.

Veratrum Viride.—An experience covering nearly three decades has abundantly confirmed the truth of the specific indication for veratrum—the full, bounding pulse with or without inflammation or elevation of temperature. In acute respiratory disorders of a sthenic type the facility with which it controls the situation is a striking confirmation of the truth of specific medication—the pulse slows and softens, the temperature comes down without shock, expectoration is facilitated, pain is allayed, cough is lessened, and the nervous unrest gives way to peace and comfort, and in curable cases the battle is half won at the beginning. I frequently use veratrum, with great satisfaction, in conditions in which it is not generally thought of. First, when the tendency is manifestly toward arterio sclerosis and the prenephritic state. Here I veritably believe it has averted disaster. It may be given in small doses for quite a period. Then I employ it in small doses for the relief of a certain form of nervousness. The patient has a full circulation, throbs, feels the beating of the heart, the abdominal aorta and the carotids. When retiring to rest, sleep is prevented by the throbbing pulsations in the

head and ears, so distressing that sleep is prevented or delayed. Small doses of veratrum do wonders for these badly-shaken patients. *Eclect. Med. Jour. Mar. 1914.*

Tracing the origin of puerperal infection.—Three cases.—

I. As medical attendant, I was very anxious to discover a cause, for, though I knew that I had not been near any septic case, still one can never be quite certain whether the friends of the patient will credit this. In a few days, however, light broke upon the situation as follows:—

Mrs. T. was the president of a maternity society which lent out maternity bags to poor women for their confinements. It seems that one woman who had borrowed a bag had died of puerperal fever, and on further inquiry it was found that the bag, when returned, had been placed without any proper disinfection among my patient's own sheets and napkins that she used at her subsequent confinement.

II. On examining the sanitary conditions of the house, the drainage was found to be in perfect order. The water supply and the milk were both good and thoroughly pure.

After cross-examining the monthly nurse, she reluctantly admitted that the last case she had attended, only three weeks before, was one of puerperal fever.

III. (A consultation case.)—Upon further investigation, gross neglect on the part of her nurse was discovered, the patient not even having been washed since the birth of the child.

Sandberg Brit. Hom. Jour. Jan. 1914.

Radium.—Professor Wilberforce, the distinguished physicist of Liverpool University, proved recently that science could be put to practical use sometimes in quite unexpected directions. At the Royal Infirmary a patient was undergoing the radium treatment, when it was discovered that one of the tubes containing fifty milligrams of the precious metal had disappeared. Two tubes had been bandaged on to the patient's face the night before, and in the morning when the dressing had been removed only one could be found. As the value of the missing portion was something like five thousand dollars there was general alarm, but notwithstanding the greatest efforts the search proved useless. However, just as hope of finding the lost radium was about to be abandoned, the patient recalled that during the night he had leaned out of the window. He thought that the tube might then have fallen on to the ground below. Acting on this clue a search was made in the yard, but it was learned that the gardener had just removed all the sweepings in the cart. A hasty chase caught the driver just as he was about to empty its contents on to the city dump. And here is where science came to the rescue. The professor brought out his electroscope and upon

applying it to the sweepings declared positively that his instrument pointed to the presence of the radium, and when every particle of the dirt had been gone over, sure enough, three was the precious five thousand dollars worth of radium.

Lancet-Clinic, Feb. 28, 1914.

Nerve fag.—Towards the end of the day, the normal child is in a condition of physiological exhaustion. If we could examine its brain cells microscopically we would find them so changed as to be unable to take up the strain. It is a well known fact that in such a condition any effort to learn is either impossible or accomplished at an undue expense of energy resulting in pathological exhaustion which sleep does not relieve. It can also be stated as an axiom that the immature brain can not be trained or stuffed more than three or four hours a day.

Amer. Med. Jan. 1914.

Endocarditis.—Do not pass over recurring attacks of so-called indigestion with fever in a child with an endocardial lesion as merely a "stomach attack." Bear in mind the possibility of appendicitis in association with or as a result of rheumatic infection and tonsillitis and direct particular attention to the appendix. If convinced that it is responsible for these attacks of digestive and febrile disturbance, have it removed if possible. A chronically infected appendix may serve as the atrium of infection for this terrible foe to patients with valvular disease, the streptococcus viridans.

Babcock Lancet-Clinic, Feb. 14, 1914.

Psychological Factors.—Much of the non-success of medical men with certain types of patients has been due to the failure to appreciate the mental aspect of diseases, and that the success of the mental healers has been due to their utilization of the mental factors in their treatment of these same diseases. I have no belief to present in favor of the non-medical mental healers. Far from it, for I believe they usually do more harm than good. But I have an indictment to present against the majority of the medical profession that they have disregarded one of the most important elements in their profession. They have as a whole taken little account of the psychological factors in their practice; they have disregarded the possible effects of the mind upon the body; and they have thus been indirectly the cause of the exploitation of many of their fellows by mind curists and others of like ilk. What may be added to this is of as great importance: the physicians of to-day should do what they can to correct or change this state of affairs, and help to have the physicians of to-morrow properly trained in these lines, that in the years to come they may be of greater benefit to their fellow men as well as more successful in their

chosen profession. Some of you already appreciate the mental aspects of some of your patients, some of you have been able to help your patients because of this knowledge. But, if you have this psychological knowledge, it is because of your own innate acumen and because you are psychologically inclined. It has been said that all of us are psychologists in a practical way, in as far as we observe the actions of others and interpret them in terms of our own mental processes. Some of us are able to interpret conduct better than others and are better psychologists, but all of us have some knowledge and we constantly make use of it in our daily dealings with our fellows. But a modicum of knowledge of mental processes and mental states is not sufficient for the physician, nor is the casually obtained knowledge all that he requires. For his own interests and for the benefit of his patients more extended knowledge of psychical conditions and events is needed by him. He will then look at his patients not as cases but as persons, not as machines but as sentient beings.

Franz. Interstate Med. Jour. Jan. 1914.

Book Reviews.

Infections of the Hand. A Guide to the Surgical Treatment of Acute and Chronic Suppurative Processes in the Fingers, Hand and Forearm. By Allen B. Kanavel, M. D., Assistant Professor of Surgery, Northwestern University Medical School, Chicago. New (2nd) edition, thoroughly revised. Octavo, 463 pages, with 147 illustrations. Cloth, $3.75, net. Lea & Febiger, Philadelphia and New York, 1914.

This book is a masterpiece and has brought a revolution in the treatment of hand injuries and infections. So many books come to us as partial or complete compilations that it is a pleasure to find one completely original and of such great value. It should be read by every physician, and especially those in factory and manufacturing centres, as it may enable them to save many a hand which otherwise might be lost.

Dr. Kanavel has made a complete study of this field and has obtained remarkable results. The chapters are so grouped that the busy practitioner can find the part dealing with his particular problem quickly. The illustrations are large and clean cut.

We recommend this book to every practicing physician, whether surgeon or not. T. E. C.

Diagnosis in the Office and at the Bedside. The Use of Symptoms and Physical Signs in the Diagnosis of Diseases. By Hobart Amory Hare, M. D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College of Philadelphia. New (7th) edition, thoroughly revised and rewritten. Octavo, 547 pages, with 164 engravings and 10 full-page plates. Cloth, $4.00 net. Lea & Febiger, Philadelphia and New York, 1914.

Even the introduction to this work, under the heading of "General Diagnostic Considerations," claims the interest of the reader at once. It is divided into three parts, 1st, "The Art of Observing the Patient"; 2nd, "The Art of Questioning the Patient," and 3rd, "The Examination of Children."

The author tells us that after long training of the senses of touch, hearing and sight, the physician should "grasp the essential details of a case, almost at the first glance," and gives many suggestions as to how this may be done.

The divisions of the book are arranged under the names of different parts of the body, as "The Face and Head," "The Hands and Arms," "The Feet and Legs," etc., with a careful study of the abnormal conditions affecting these parts, and the best methods of diagnosis.

The many fine engravings and full page plates help to make a most practical and useful volume, as a seventh edition would indicate.

M. F. McC.

The Intervertebral Foramen. An Atlas and Histologic Description of the Intervertebral Foramen and its Adjacent Parts. By Harold Swanberg, member of the American Association for the Advancement of Science. With an Introductory Note by Harris E. Santee, A. M., Ph. D., M. D. Illustrated by sixteen beautiful full-page plates from the highest price half-tone engravings, printed on the most expensive engraver's proving paper. None of these plates have ever before appeared in print, having been especially prepared for this work. The text is printed on the best book paper and contains over 100 pages, size 6x9, and is elegantly bound in silk cloth. A splendid product of the printer's art. Price $3.00 postpaid to any address. Chicago Scientific Publishing Co., S. W. Cor. Grace and Osgood Streets, Chicago, Ill.

A fine bit of research work almost faultless in its technic. We would like as fine a treatise touching upon the cause, treatment and cure of "nerve pressure, irritation, impingement, etc."

Perhaps the author may give us his views later.

Y. G. R.

Life of Dr. Mahendra Lal Sircar. By Sarat Chandra Ghose, M. D., Corresponding Member of the British Homœopathic Society, French Homœopathic Medical Society, and Hahnemann Institute of Brazil. Published by Jnanendra Nath Bose, The Oriental Publishing Home, Calcutta.

The story of this indefatigable worker is presented with genuine appreciation by his disciple and personal friend, Dr. Ghose. Dr. Sircar is characterized as "one of the greatest of my countrymen." Besides being an interesting biography, the volume throws strong sidelights on the status of medical practice in India.

S. M. H.

ANNUAL STATISTICS.

Report of the Homoeopathic Organizations and Institutions in the United States.

Thomas Franklin Smith, M. D., New York, N. Y.

NATIONAL HOMOEOPATHIC SOCIETIES.

The American Institute of Homoeopathy, organized 1844; incorporated 1908. The annual meeting was held in Denver, Col., July 6th to the 12th, 1913. Other meetings are held as ordered. President, DeWitt G. Wilcox, M. D., 419 Boylston St., Boston, Mass. Secretary, Sarah M. Hobson, M. D., 917 Marshall Field Bldg., Chicago, Ill. Number of members, 2,976; admitted last year, 453; deceased during the year, 38. Annual dues, $3.00. Publishes the Journal of the American Institute of Homœopathy.

International Hahnemann Association, organized 1881; not incorporated. The annual meeting is held in June, at some selected place. President, Franklin Cowel, M. D., Chester, Pa. Secretary, Frank W. Patch, M. D., Woodside Cottages, Framingham, Mass. Number of members, 204; admitted last year, 34; deceased during the year, 5. Annual dues, $5.00. Publishes its Transactions.

The Alliance of the Medical Colleges of the American Institute of Homœopathy, organized 1912. Chairman, George Royal, M. D., Good Block, Des Moines, Ia. No report received.

American Homoeopathic Ophthalmological, Otological and Laryngological Society, organized 1878; not incoporated. The annual meeting is held at the same time and place as the American Institute of Homœopathy. President, J. Ivimey Dowling, M. D., 116 Washington Ave., Albany, N. Y. Secretary, Dean W. Myers, M. D., Ann Arbor, Mich. Number of members, 211; admitted last year, 5; deceased during the year, 3. Annual dues, $5.00. Publishes its Transactions.

Obstetrical Society of the American Institute of Homœopathy, organized 1901; not incorporated. The annual meeting is held in conjunction with the American Institute of Homœopathy. President, Gilbert Fitz-Patrick, M. D., 122 S. Michigan Blvd., Chicago, Ill. Secretary, R. M. Richards, M. D., 602 Gas Office Bldg., Detroit, Mich. Number of members, 105. Annual dues, $1.00. Publishes its Transactions in the Journal of the American Institute of Homœopathy.

American Association of Orificial Surgeons, organized 1888; not incorporated. The annual meeting is held in Chicago, Ill., in September. Other meetings are held at irregular times throughout the different states. President, B. E. Dawson, M. D., 3220 Oak Street, Kansas City, Mo. Secretary, W. A. Guild, M. S., M. D., 230 Utica Bldg., Des Moines, Ia. Number of members, 500; admitted last year, 150; deceased during the year, 10. Annual dues, $2.00. Publishes the Journal of the American Association of Orificial Surgeons. "The annual Clinic was held by Dr. E. H. Pratt, the founder and Honorary President, in Chicago, at the Frances E. Willard Temperance Hospital."

The National Society of Physical Therapeutics, organized 1893; not incorporated. The annual meeting is held in conjunction with the American Institute of Homœopathy. President, Edward B.

Hooker, M. D., Hartford, Conn. Secretary, E. P. Mills, M. D., Lewis Block, Ogden, Utah. Number of members, 80; admitted last year, 12. Annual dues, $2.00.

The Federation of State Medical Boards of the United States, organized 1913. The annual meeting is held at the Hotel Congress, Chicago, Ill., in February. President, Charles H. Cook, M. D., Natick, Mass. Secretary, O. V. Huffman, M. D., Education Bldg., Albany, N. Y. Number of members, 22 State Boards, 20 Fellows. Annual dues, $25.00. Publishes The Quarterly of the Federation of State Medical Boards of the United States.

Society of Neurology and Psychiatry of the American Institute of Homœopathy, organized 1906; not incorporated. The annual meeting is held in conjunction with the American Institute of Homœopathy; no meeting held in 1913. President, John E. Wilson, M. D., 616 Madison Ave., New York, N. Y. Secretary, George F. Brewster, M. D., Middletown, N. Y. Number of members, about 65. Papers are published in the Journal of the American Institute of Homœopathy.

Surgical and Gynecological Association of the American Institute of Homœopathy, organized 1898; not incorporated. No report received this year. Last year the Secretary was J. Wyllis Hassler, M. D., 112 W. 72nd St., New York, N. Y.

SECTIONAL OR INTERSTATE HOMOEOPATHIC MEDICAL SOCIETIES.

The Interstate Federation of Homoeopathic Medical Societies of New York and Pennsylvania, organized 1904; not incorporated. The annual meeting will be held in Scranton, Pa., the last Thursday in October, 1914. President, R. V. White, M. D., Scranton, Pa. Secretary, H. S. Mauser, M. D., Scranton, Pa. Number of members, about 175; admitted last year, 8; deceased during the year, 1. Annual dues, $1.00.

Mississippi Valley Homoeopathic Clinical Society, organized 1904. We have been unable to get a report from this society for six years.

Missouri Valley Homoeopathic Medical Association, organized 1876. "Society has disbanded."—E. B. Woodward, M. D., Secretary.

New England Hahnemann Association, organized 1895; incorporated 1896. The annual meeting is held in Boston, Mass., on the second Monday in January. President, Edmund A. Whitman, Esq., Pemberton Bldg., Boston, Mass. Secretary, Wesley T. Lee, M. D., 281 Broadway, Somerville, Mass. Number of members, 100. Annual dues, $2.00.

Southern Homoeopathic Medical Association, organized 1835; not incorporated. The annual meeting is held in different cities in the South. President, Harry E. Koons, M. D., Danville, Va. Secretary, J. Burnie Griffin, M. D., St. Augustine, Fla. Number of members, 144; admitted last year, 4. Annual dues, $2.00. Papers are published in the Medical Century.

STATE HOMOEOPATHIC MEDICAL SOCIETIES.

Arkansas State Homoeopathic Medical Society, organized 1903; not incorporated. The annual meeting is held at the Marion Hotel, Little Rock, Ark., in May. Other meetings are held as ordered. President, Wm. B. Hughes, M. D., Little Rock, Ark. Secretary, E. L. Meng, M. D., Little Rock, Ark. Number of members, 27; admitted last year, 2; deceased during the year, 1. Annual dues, $2.00. Delegates, W. B. Hughes, M. D.; W. O. Forbes, M. D.

California State Homoeopathic Medical Society, organized 1877; incorporated. No report received this year. Last year the Secretary was Guy E. Manning, M. D., 391 Sutter St., San Francisco, Cal.

Colorado Homoeopathic Medical Society, organized 1881; not incorporated. The annual meeting is held in Denver, Col., in September. President, Geo. W. Palmer, M. D., Mack Block, Denver, Col. Secretary, P. G. Rowe, M. D., 604 Fourteenth St., Denver, Col. Number of members, 75; admitted last year, 3; deceased during the year, 1. Annual dues, 2.00. Delegates, J. W. Harris, M. D.; G. S. Peck, M. D.; E. B. Swerdfeger, M. D.

Connecticut Homoeopathic Medical Society, organized 1851; incorporated 1864. No report received this year. Last year the Secretary was Samuel Worcester, M. D., "Woodscort," So. Norwalk, Conn.

Homoeopathic Medical Society of Delaware State and Peninsula, organized 1883; incorporated 1889. The annual meeting is held at the Homoeopathic Hospital, Wilmington, Del., on the second Thursday in November of each year. President, J. W. Mullin, M. D., 918 West St., Wilmington, Del. Secretary, Victor D. Washburn, M. D., 826 Washington St., Wilmington, Del. Number of members, 36; admitted last year, 2. Annual dues, $3.00. Delegates, H. R. Pennock, M. D.; Julian Adair, M. D.

Idaho Homoeopathic Medical Society, organized 1909; not incorporated. "This society is defunct."—H. M. Holverson, M. D., Secretary.

Illinois Homoeopathic Medical Association, organized 1855; incorporated 1855. The annual meeting is held in Chicago, Ill., on the second Tuesday in May. President, J. W. Calvert, M. D., Bloomington, Ill. Secretary, G. M. Cushing, M. D., 6400 Harvard Ave., Chicago, Ill. Number of members, 466; admitted last year, 15; deceased during the year, 5. Annual dues, $3.00. Publishes the Clinique, the official organ of the Society. Delegates, A. E. Smith, M. D.; G. M. Cushing, M. D.

Indiana Institute of Homoeopathy, organized 1867; incorporated 1883. No report received this year. Last year the Secretary was Scott G. Runnels, M. D., 522 N. Illinois St., Indianapolis, Ind.

Hahnemann Medical Association of Iowa, organized 1870; incorporated 1870. No report received this year. Last year the Secretary was G. A. Huntoon, M. D., Box 152, U. P. Station, Des Moines, Ia.

Homoeopathic Medical Society of the State of Kansas, organized 1868; not incorporated. The annual meeting is held on the first Wednesday, Thursday and Friday in May, place selected by the Executive Committee. President, J. M. S. Chesshir, M. D., Little River, Kans. Secretary, C. E. Kinley, M. D., Kansas City, Kans. Number of members, 100; admitted last year, 4. Annual dues, $2.00. Delegates, O. L. Garlinghouse, M. D.; M. A. Swift, M. D.; Geo. Baudry, M. D.

Kentucky State Homoeopathic Medical Society, organized 1885; not incorporated. The annual meeting is held in Lexington, Ky., in May. President, T. H. Hollinshead, M. D., Louisville, Ky. Secretary, H. B. Fishback, M. D., Newport, Ky. Number of members, 104; admitted last year, 3. Annual dues, $2.00.

Hahnemann Medical Association of Louisiana, organized in 1893; not incorporated. The annual meeting is held in New Orleans, La., on the first Monday in January. Other meetings are subject to the call of the President. President, Edward Harper, M. D., 702 Macheca Bldg., New Orleans, La. Secretary, Frank H. Hardenstein, M. D., 702 Macheca Bldg., New Orleans, La. Number of members, 27; admitted last year, 3. Annual dues, $1.00.

Maine Homoeopathic Medical Society, organized 1867; incorporated 1867. No report received this year. Last year the Secretary was L. A. Brown, M. D., 690 Congress St., Portland, Me.

Maryland State Homoeopathic Medical Society, organized 1875; incorporated 1875. The annual meeting is held in Baltimore, on the first Wednesday in May. A semi-annual meeting is held in the same place. President, Barrett C. Catlin, M. D., 1404 Linden Ave., Baltimore, Md. Secretary, Maurice E. Shanner, M. D., 548 N. Fulton Ave., Baltimore, Md. Number of members, 88; admitted last year, 5. Annual dues, $2.00. Delegates, H. M. Stevenson, M. D.; H. C. Brace, M. D.

Massachusetts Homoeopathic Medical Society, organized 1840; incorporated 1840, 1856. The annual meeting is held in Boston, Mass., on the second Wednesday in April. The semi-annual meeting is held as may be determined upon. President, Plumb Brown, M. D., Springfield, Mass. Secretary, Edward S. Calderwood, M. D., 223 Warren St., Roxbury, Mass. Number of members, 452; admitted last year, 16; deceased during the year, 12. Annual dues, $5.00. Publishes its Annual Announcement. Delegates, Plumb Brown, M. D.; J. Emmons Briggs, M. D.

Homoeopathic Medical Society of the State of Michigan, organized 1869; incorporated 1869. The annual meeting is held on the third Tuesday in May in a city of the state, designated by the society. Executive Committee holds meetings during the year. President, D. S. Sinclair, M. D., Grand Rapids, Mich. Secretary, Claude A. Burrett, M. D., Ann Arbor, Mich. Number of members, 173; admitted last year, 11; deceased during the year, 2. Annual dues, $2.00. Publishes its Annual Report. Delegate, C. B. Kinyon, M. D.

Minnesota State Homoeopathic Institute, organized 1867; incorporated 1867. The annual meeting is held alternately in Minneapolis and St. Paul, Minn. Clinic is held in Twin Cities in November. President, Leon A. Williams, M. D., Slayton, Minn. Secretary, Ethel E. Hurd, M. D., 602 Nicollet Ave., Minneapolis, Minn. Number of members, 95; admitted last year, 6; deceased during the year, 2. Annual dues, $2.00. Delegates, H. C. Aldrich, M. D.; A. E. Booth, M. D.

Missouri Institute of Homoeopathy, organized 1876; incorporated 1877. The annual meeting is held alternately in Kansas City and St. Louis, Mo., in April; Kansas City in 1914. President, Scott Parsons, M. D., 4052 Washington Blvd., St. Louis, Mo. Secretary, H. E. Young, M. D., Deardorff Bldg., Kansas City, Mo. Number of members, 175; admitted last year, 18; deceased during the year, 2. Annual dues, $2.00. Papers are published in the Medical Century. Delegates, D. M. Gibson, M. D.; E. J. Burch, M. D.; Scott Parsons, M. D.

Nebraska Homoeopathic Medical Society, organized 1873; incorporated 1873. The annual meeting is held in May in Omaha or Lincoln, Neb. Other meetings are held at the call of the President. President, J. S. Alexander, M. D., Omaha, Neb. Secretary, G. A. Young, M. D., Ponca, Neb. Number of members, 62. Annual dues, $1.00. Delegates, O. S. Wood, M. D.; E. Arthur Carr, M. D.

Homoeopathic Medical Society of the State of New Hampshire, organized 1852; incorporated 1853. The next annual meeting will be held in Laconia, Lake Winnepesaukee, on the second Wednesday in June, 1914. President, Charles A. Sturtevant, M. D., 913 Elm St., Manchester, N. H. Secretary, B. C. Woodbury, Jr., M. D., 43 Middle St., Portsmouth, N. H. Number of members, 49; admitted last year, 1. Annual dues, $1.00. Secretary's report published in the Journal of the American Institute of Homœopathy. Delegates, W. C. E. Nobles, M. D.; Chas. A. Sturtevant, M. D. "Homœopathy in New Hampshire has shown a marked increase in activity during the past five years." —B. C. Woodbury.

New Jersey State Homoeopathic Medical Society, organized 1854; incorporated 1870. The annual meeting is held at a place in the state selected by the Executive Committee. President, Alfred W. Westney, M. D., 1212 Pacific Ave., Atlantic City, N. J. Secretary, Alvan M. Atkinson, M. D., 423 E. State St., Trenton, N. J. Number of members, 175; admitted last year, 8; deceased during the year, 5. Annual dues, $1.00. Delegates, A. W. Baily, M. D.; C. H. Wintsch, M. D.

Homoeopathic Medical Society of the State of New York, organized 1850; incorporated 1862. The annual meeting is held beginning the second Tuesday in April. The semi-annual meeting is held at a place determined upon by the Executive Committee. President, Geo. W. McDowell, M. D., 40 East 41st St., New York, N. Y. Secretary, Bert B. Clark, M. D., 200 West 86th St., New York City. Number of members, 610; admiited last year, 14; deceased during the year, 12; resigned or dropped, 3. Annual dues, $3.00. Publishes its Transactions. Delegates, W. S. Garnsey, M. D., Herbert D. Schenck, M. D.; Royal S. Copeland, M. D.

Homoeopathic Medical Society of Ohio, organized 1864; not incorporated. The annual meeting is held on the second Tuesday and Wednesday in May in different cities in the state. It will be Columbus, O., in 1914. President, Frank Webster, M. D., 932 Reibold Bldg., Dayton, O. Secretary, R. O. Keiser, M. D., 427 E. Long St., Columbus, O. Number of members, 358; admitted last year, 11; deceased during the year, 3. Annual dues, $3.00. Publishes its Transactions. Delegates, C. E. Walton, M. D.; H. F. Staples, M. D.

Oklahoma Institute of Homoeopathy, organized 1906; incorporated 1908. The annual meeting is held in Oklahoma City, Okla., in April. Semi-annual meeting will be held at Tulsa, Okla. President, C. R. Philps, M. D., Oklahoma City., Okla. Secretary, W. W. Osgood, M. D., Muskogee, Okla. Number of members, 61. Annual dues, $2.00. The Transactions are published in the Medical Century. Delegates, J. A. Brooke, M. D.; W. W. Osgood, M. D.

Homoeopathic Medical Society of the State of Oregon, organized 1876; incorporated 1876. No report received for three years. Last report the Secretary was Byron E. Miller, M. D., Broadway Bldg., Portland, Ore.

Homoeopathic Medical Society of the State of Pennsylvania, organized 1866; incorporated 1896. The annual meeting is held in September in different cities in the state. President, Leon Ashcraft, M. D., Philadelphia, Pa. Secretary, I. D. Metzgar, M. D., 304 Second National Bank Bldg., Pittsburgh, Pa. Number of members, 784; admitted last year, 6; deceased during the year, 5. Annual dues, $3.00. Publishes its Transactions in the Hahnemannian Monthly, official organ of the society.

Rhode Island Homoeopathic Medical Society, organized 1850; incorporated 1861. No report received for three years. As last reported the Secretary was D. Ray McNally, M. D., 27 Walcott St., Pawtucket, R. I.

Homoeopathic State Medical Society of South Dakota, organized 1893; incorporated 1893. The annual meeting is held in June in various cities in the state. President, E. W. Feige, M. D., Woonsocket, S. Dak. Secretary, Wm. Lowe, M. D., Madison, S. Dak. Number of members, 43. Annual dues, $1.00

Homoeopathic Medical Society of the State of Tennessee, organized 1875; incorporated. Secretary, Edward Harper, M. D., New Orleans, La. "No meetings have been held for several years. The charter is in the hands of Wm. A. Boies, M. D., Knoxville, Tenn."—E. Harper

Texas Homoeopathic Medical Association, organized 1884; not incorporated. The annual meeting is held in Dallas, Tex., in October,

subject to the call of the president. President, C. C. Bowes, M. D., Greenville, Tex. Secretary, Julia H. Bass, M. D., 111 West 8th St., Austin, Tex. Number of members, 32; admitted last year, 2; deceased during the year, 1. Annual dues, $2.00. Papers read at the meetings are published in the school journals.

Vermont Homoeopathic Medical Society, organized 1854; incorporated 1858. The annual meeting is held on the fourth Wednesday in May, of the even years, in Montpelier, Vt., and the odd years, in Burlington, Vt. A meeting is held in October at the call of the President and Secretary. President, Samuel Sparhawk, M. D., Burlington, Vt. Secretary, George I. Forbes, M. D., 215 Pearl St., Burlington, Vt. Number of members, 37; admitted last year, 1; deceased during the year, 1. Annual dues, $2.00. Delegates, E. L. Wyman, M. D.; C. A. Gale, M. D.

Virginia Homoeopathic Medical Society, organized 1889; not incorporated. The annual meeting is held as may be appointed at the previous meeting. President, H. E. Koons, M. D., Danville, Va. Secretary, W. B. Lorraine, M. D., 105 W. Grace St., Richmond, Va. Number of members, 30; admitted last year, 1. Annual dues, $2.00.

Washington State Homoeopathic Medical Society, organized 1909; not incorporated. No report received for two years. As last reported the Secretary was Geo. Beeler, M. D., 816 Cobb Bldg., Seattle, Wash.

West Virginia Homoeopathic Medical Society, organized 1898; not incorporated. No report received this year. Last year the Secretary was A. A. Roberts, M. D., Wellsburg, W. Va.

Homoeopathic Medical Society of the State of Wisconsin, organized 1865; not incorporated. No report received this year. Last year the Secretary was Belle P. Nair, M. D., Ft. Atkinson, Wis.

LOCAL HOMOEOPATHIC MEDICAL SOCIETIES,

California.

Alameda County Homoeopathic Medical Society, organized 1877; not incorporated. The annual meeting is held in the Union Savings Bank Bldg., Oakland, Cal., on the second Tuesday in October. Monthly meetings are held in the same place on the second Tuesday of the month. President, Philip Rice, M. D., 610 Head Bldg., San Francisco, Cal. Secretary, Winifred S. Foster, M. D., 672 Fourteenth St., Oakland, Cal. Number of members, 29. Annual dues, $1.00.

Sacramento Valley Homoeopathic Medical Society, organized 1907; not incorporated. No report received this year. Last year the Secretary was M. M. Cronemiller, M. D., 815 Tenth St., Sacramento, Cal.

San Francisco County Homoeopathic Society, organized 1893; incorporated 1908. No report received for two years. As last reported the Secretary was Mary E. Glover, M. D., 135 Stockton St., San Francisco, Cal.

Southern California Homoeopathic Medical Society, organized 1890; incorporated 1892. The annual meeting is held in Los Angeles, Cal., on the second Wednesday and Thursday of October. President, Frank D. Bishop, M. D., Long Beach, Cal. Secretary, Robert A. Campbell, M. D., 403 Mason Bldg., Los Angeles, Cal. Number of members, 113; admitted last year, 2; deceased during the year, 2. Annual dues, $2.00. Papers read at the meeting are published in the Pacific Coast Journal of Homoeopathy.

Los Angeles County Homoeopathic Medical Society, organized 1906; not incorporated. The annual meeting is held in April in Los Angeles, Cal. On the second Wednesday of each month meetings are held at 622 Auditorium Bldg., Los Angeles, Cal. President, H. E. Bishop, M. D., Alhambra, Cal. Secretary, Alice G. Handerson, M. D., Hollings-

worth Bldg., Los Angeles, Cal. Number of members, 50. Annual dues, $2.00.

Connecticut.

Bridgeport Homoeopathic Medical Society, organized 1894; not incorporated. The annual meeting is held in Bridgeport, Conn., on the third Tuesday in January. Monthly meetings are held on the third Tuesday in the offices of the members. President, Clarence N. Payne, M. D., Fairfield Ave., Bridgeport, Conn. Secretary, Charles P. Haller, M. D., 461 State St., Bridgeport, Conn. Number of members, 6. Annual dues, $1.00. "No regular meetings have been held for the past three years."

New Haven Homoeopathic Medical Society, organized 1900; not incorporated. President, W. E. Butler, M. D., 223 York St., New Haven, Conn. Secretary, G. J. Jackowitz, M. D., 312 Orange St., New Haven, Conn. Number of members, 20. Annual dues, $1.00. "This society is still in existence but inactive. A little over a year ago the so-called regular society invited us to attend their meetings and since then interest in our society has waned. We need a bomb to stir up the Homoeopaths to show the community that Homoeopathy is not dead."—G. J. Jackowitz.

District of Columbia.

Washington Homoeopathic Medical Society, organized 1870; incorporated 1870. No report received for two years. As last reported the President was G. C. Birdsall, M. D., 1332 Fifteenth St., N. W., Washington, D. C., and Secretary, Merton W. Twogood, M. D., 3417 Fourteenth St., N. W., Washington. D. C.

Illinois.

Central Illinois Homoeopathic Medical Association, organized 1897; not incorporated. The annual meeting is held in different cities in the district. President, J. S. Adsit, M. D., Hoopston, Ill. Secretary, E. C. Gaffney, M. D., Lincoln, Ill. Number of members, 60; admitted last year, 6. Annual dues, $1.00. Papers published in the "Clinique." Next meeting will be in Oct., 1914, in Decatur, Ill.

Chicago Homoeopathic Medical Society, organized 1893; incorporated 1905. Annual meeting is held at the Hotel Sherman on the third Thursday in April. On the third Thursday of the month, meetings are held, from October to March, at the Hotel Sherman. President, T. E. Costain, M. D., 29 E. Madison St., Chicago, Ill. Secretary, Theodore Bacmeister, M. D., 4041 N. Keeler Ave., Chicago, Ill. Number of members, 170; admitted last year, 13; deceased during the year, 4. Annual dues, $2.00.

Clinical Society of Hahnemann Medical College, organized 1887; not incorporated. No report received for four years. As last reported the Secretary was Geo. M. Hill, M. D., 100 State St., Chicago, Ill.

Eastern Illinois Homoeopathic Medical Society, organized 1905; not incorporated. No report received this year. Last year the Secretary was M. H. Whitlock, M. D., Charleston, Ill.

The Regular Homoeopathic Medical Society of Chicago, organized 1906; not incorporated. The annual meeting is held on the first Tuesday in December, at the Hotel Sherman. Meetings are held on the first Tuesday of the month, excepting July, August and September, at the Hotel Sherman. President, Harvey Farrington, M. D., 59 E. Madison St., Chicago, Ill. Secretary, Robert N. Morris, M. D., 7 West Madison St., Chicago, Ill. Number of members, 75; admitted last year, 4. Annual dues, $2.00. Publishes the Medical Advance, the official organ.

West Branch of the Chicago Homoeopathic Medical Society, organized 1904; not incorporated. No report received for two years.

As last reported the Secretary was Emily M. Luff, M. D., 326 Chicago Ave., Oak Park, Ill.

Illinois Valley Homoeopathic Medical Association, organized 1908; not incorporated. No report received for two years. As last reported the Secretary was Alfred M. Houston, M. D., Joliet, Ill.

Military Tract Homoeopathic Medical Society, organized 1897; not incorporated. No report received for four years. As last reported the Secretary was F. M. Dickinson, M. D., Galesburg, Ill.

Mississippi Valley Homoeopathic Medical Society, organized 1897; not incorporated. No report received for four years. As last reported the Secretary was F. W. Brown, M. D., Rock Island, Ill.

Englewood Homoeopathic Medical Society, organized 1897; not incorporated. No report received this year. Last year the Secretary was Lila E. Beers, M. D., 1746 West 35th St., Chicago, Ill.

The Desplaines Valley Medical Society, organized 1898; not incorporated. Secretary, H. M. Beckwith, M. D., Joliet, Ill. "Our last meeting was held in December, 1900. The society is practically beyond revival as the Mississippi Valley Medical Society is acitve here."—H. M. B.

Riverview Homoeopathic Medical Association, organized 1908; not incorporated. The annual meeting is held on the fourth Thursday of April at Aurora, Ill. A semi-annual meeting, in October, is held in Aurora, Ill. President, Annie W. Spencer, M. D., Batavia, Ill. Secretary, Harry E. Kerch, M. D., Dundee, Ill. Number of members, 15; admitted last year, 3. Annual dues, $2.00.

Northwestern Homoeopathic Medical Society, organized 1895; reorganized 1905; not incorporated. The annual meeting is held in Rockford, Ill. President, Alden E. Smith, M. D., Freeport, Ill. Secretary, Elizabeth C. Maas, M. D., 212 N. Wyman St., Rockford, Ill. Number of members, 25. Annual dues, $1.00.

Indiana.

"Allen County Homoeopathic Medical Society is extinct."—I. E. Morris, M. D., Secretary.

The Marion County Medical Homoeopathic Medical Society, organized 1894; not incorporated. Meetings are held on the third Wednesday of the month at the Denison Hotel, Indianapolis, Ind. President, J. D. George, M. D., 619 K. of P. Bldg., Indianapolis, Ind. Secretary, Frank Staurt, M. D., Indianapolis, Ind. Number of members, 17. Annual dues, $1.00.

Wabash Valley Homoeopathic Medical Society, organized 1908; not incorporated. No report received for three years. As last reported the Secretary was G. H. Pratt, M. D., 605½ Wabash Ave., Terre Haute, Ind.

Iowa.

Central Homoeopathic Medical Association of Iowa, organized 1897; not incorporated. No report received for four years. As last reported the Secretary was Lester A. Royal, M. D., West Liberty, Ia.

Council Bluffs Homoeopathic Medical Society, organized 1895; not incorporated. "There have been no meetings for over three years. The society is practically abandoned and the doctors are joining with the homœopathic physicians of Omaha."—Alfred P. Hanchett, M. D., President.

Des Moines Homoeopathic Medical Society, organized 1883; not incorporated. The annual meeting is held on the fourth Monday in December. Monthly meetings are held in the offices of the members. President, Malcolm A. Royal, M. D., 322 Good Block, Des Moines, Ia. Secretary, E. E. Shaw, M. D., 403 Teachout Bldg., Des Moines, Ia.

Number of members, 24; admitted last year, 1. Annual dues, $1.00. Delegate, M. A. Royal, M. D.

Rock River Institute of Homoeopathy, organized 1881; not incorporated. The annual meeting is held on the first Thursday of October in Clinton, Ia. Quarterly meetings are held on the first Thursday of January, April and July, in various cities. President, A. E. Smith, M. D., Freeport, Ill. Secretary, A. W. Blunt, M. D., 323 Fifth Ave., Clinton, Ia. Number of members, 30. Annual dues, fifty cents. Delegates A. E. Simth, M. D.; M. J. Hill, M. D.

Sicux City Homoeopathic Medical Association, organized 1889; not incorporated. No report received for three years. As last reported the Secretary was Chas. F. Thompson, M. D., 1711 Fourth Ave., Sioux City, Ia.

Kentucky.

Falls City Homoeopathic Medical Society of Louisville, organized 1897; not incorporated. Monthly meetings are held on the third Tuesday of the month at the offices of the members. President, B. F. Underwood, M. D., 2829 South 3rd St., Louisville, Ky. Secretary, Mary E. Hopkins, M. D., 609 E. Chestnut St., Louisville, Ky. Number of members, 23; removed from the city, 3. Annual dues, voluntary.

Maine.

The Cumberland and York Homoeopathic Medical Society, organized 1905; not incorporated. The annual meeting is held on the third Wednesday of January, in Portland, Me. Bi-monthly meetings are held on the third Wednesday of March, May, September and November. President, F. A. Ferguson, M. D., 705 Congress St., Portland, Me. Secretary, C. A. Eaton, M. D., 612 Congress St., Portland, Me. Number of members, 21; admitted last year, 3. Annual dues, $1.00.

Massachusetts.

Massachusetts Homoeopathic Medical Society (Boston District), organized 1873; not incorporated. The annual meeting is held on the first Thursday in January in Boston, Mass. Other meetings are held in the Mass. Homoeopathic Hospital. President, S. H. Blodgett, M. D., 419 Boylston St., Boston, Mass. Secretary, W. A. Ham, M. D., 1799 Dorchester Ave., Dorchester, Mass. Number of members, 253; admitted last year, 24; deceased during the year, 2. Annual dues, $2.00. Papers read at the meetings are published in the New England Medical Gazette.

Boston Society of Homoeopathicians, organized 1903; not incorporated. The annual meeting is held at the Hotel Victoria, Boston, in January. Monthy meetings are also held. President, Frank W. Patch, M. D., Framingham, Mass. Secretary, Alice H. Bassett, M. D., 56 West Cedar St., Boston, Mass. Number of members, 25. Annual dues, $1.00.

Cambridge Homoeopathic Society, organized 1906. No report received for two years, and we do not know the Secretary.

Massachusetts Surgical and Gynecological Society, organized 1877; not incorporated. The annual meeting is held on the second Wednesday in December, in Boston, Mass. A semi-annual meeting is held on the second Wednesday in June. President, Herbert D. Boyd, M. D., 687 Boylston St., Boston, Mass. Secretary, Harry J. Lee, M. D., 535 Beacon St., Boston, Mass. Number of members, 229; admitted last year, 2; deceased during the year, 3. Annual dues, $2.00.

Homoeopathic Medical Society of Western Massachusetts, organized 1877; not incorporated. The annual meeting is held on the third Wednesday in March, in Springfield, Mass. Quarterly meetings are held in the same place, on the third Wednesday of the month. Presi-

dent, Robert F. Hovey, M. D., The St. James, Park St., Springfield Mass. Secretary, O. W. Roberts, M. D., 24 Thompson St., Springfield, Mass. Number of members, 55; admitted last year, 2; deceased during the year, 2. Annual dues, $1.00 for district; $5.00 including state society.

Worcester District of the Massachusetts Homoeopathic Medical Society, organized 1866; not incorporated. The annual meeting is held on the second Wednesday in November in Worcester, Mass. Quarterly meetings are held, usually in Worcester. President, A. E. P. Rockwell, M. D., 248 Main St., Worcester, Mass. Secretary, Lucy E. Wetherbee, M. D., 2 King St., Worcester, Mass. Number of members, 58; deceased during the year, 1. Annual dues, $1.00.

Michigan.

Homoeopathic Medical Society of Western Michigan, organized 1902; not incorporated. The annual meeting is held on the third Wednesday of December in Grand Rapids, Mich. Monthly meetings are held at the same time and place, excepting during May through August. President, G. H. Reynolds, M. D., Grand Haven, Mich. Secretary, A. B. Smith, M. D., 308 Metz Bldg., Grand Rapids, Mich. Number of members, 65; admitted last year, 5. Annual dues, $2.00. "The society is undertaking a campaign of publicity to boom Homoeopathy in this section."

Detroit Homoeopathic Practitioners' Society, organized 1894; not incorporated. The annual meeting is held on the third Monday of May, at the Grace Hospital, Detroit, Mich. Monthly meetings are held at the same time and place. President, L. F. C. Wendt, M. D., 185 Maybury Grand Ave., Detroit, Mich. Secretary, Neil Bentley, M. D., 321 Stevens Bldg., Detroit, Mich. Number of members, 60; admitted last year, 1. Annual dues, $1.00.

Minnesota.

Minneapolis Homoeopathic Medical Society, organized 1880; 1910; not incorporated. The annual meeting is held on the second Tuesday in June. Meetings are held on the second Tuesday of the month, usually at West Hotel. President, Geo. M. Haywood, M. D., 408 Donaldson Bldg., Minneapolis, Minn. Secretary, Florence A. Richardson, M. D., 401 Donaldson Bldg., Minneapolis, Minn. Number of members, 25. Annual dues, $1.00. Delegates, H. C. Aldrich, M. D.; A. E. Booth, M. D.; W. E. Leonard, M. D.

Missouri.

Homoeopathic Medical Society of St. Louis, organized 1886; not incorporated. No report received for four years. As last reported the Secretary was L. E. Bunte, M. D., 2003 N. Market St., St. Louis, Mo.

Kansas City Homoeopathic Medical Society, organized 1905; not incorporated. The annual meeting is held in Kansas City, Mo., in October. Meetings are held at the Hotel Sexton on the second and fourth Tuesdays of each month. A chairman is appointed to serve two meetings. Secretary, Frank Brooke, M. D., 415 Shubert Bldg., Kansas City, Mo. Number of members, 18; admitted last year, 2; deceased during the year, 1. Annual dues, $1.00. Delegate, W. E. Cramer, M. D. "Decrease in membership is due to non-payment of dues. Homoeopathy in Kansas City is on the slide. We need help to revive the dead ones."—Brooke.

Nebraska.

Omaha Homoeopathic Medical Society, organized 1889; incorporated 1889. No report received this year. Last year the Secretary was Myrtle A. Wells, M. D., 890-892 Brandies Bldg., Omaha, Neb.

New Jersey.

Essex County Homoeopathic Medical Society, organized 1885; not incorporated. No report received this year. Last year the Secretary was Willett W. Brown, M. D., 335 Orange Road, Montclair, N. J.

Mercer County Homoeopathic Medical Society, organized 1901; not incorporated. The annual meeting is held at Trenton, N. J., on the third Thursday of January. Quarterly meetings are held on the third Thursday of the month. President, A. W. Atkinson, M. D., 423 E. State St., Trenton, N. J. Secretary, Walter E. D'Arcy, M. D., 520 Center St., Trenton, N. J. Number of members, 26; admitted last year, 2. Annual dues, $1.00

Monmouth County Homoeopathic Medical Society, organized 1904; not incorporated. The annual meeting is held on the first Monday in December, at the invitation of a member, either at his home or some place where a banquet may be served. Meetings are held on the fourth Monday of the month, at a member's home. President, B. H. Garrison, M. D., Red Bank, N. J. Secretary, L. E. Davies, M. D., Matawan, N. J. Number of members, 14; admitted last year, 1. Annual dues, $1.00.

West Jersey Homoeopathic Medical Society, organized 1869; not incorporated. The annual meeting is held on the third Wednesday of May in Camden, N. J. All other meetings are held in Camden, except the summer meeting; that by invitation. President, W. T. Hilliard, M. D., Salem, N. J. Secretary, T. E. Parker, M. D., Woodbury, N. J. Number of members, 83; admitted last year, 1; deceased during the year, 4. Annual dues, $1.00. Delegates, E. M. Howard, M. D.; E. S. Sheldon, M. D.

New York

Albany County Homoeopathic Medical Society, organized 1867; not incorporated. The annual meeting is held on the second Thursday in March at Albany, N. Y. Other meetings are held at Albany, N. Y. and Troy, N. Y. President, B. E. Marshall, M. D., 168 Central Ave., Albany, N. Y. Secretary, A. W. Greene, M. D., 12 N. Allen St., Albany, N. Y. Number of members, 33; admitted last year, 5; deceased during the year, 1. Annual dues, $2.00.

Brooklyn Hahnemannian Union, organized 1896; not incorporated. The annual meeting is held on the last Saturday in January, at the office of Stuart Close, M. D. Monthly meetings are held, the same time and place. A chairman is appointed alphabetically each month. Secretary, Mrs. Stuart Close, 248 Hancock St., Brooklyn, N. Y. Number of members, 15. The papers are published in the current medical journals.

Broome County Homoeopathic Medical Society, organized 1863; not incorporated. The annual meeting is held on the third Thursday in November at the Hotel Bennett, Binghamton, N. Y. Meetings are held at the same place, monthly. President, D. P. Bailey, M. D., 3 Chenango St., Binghamton, N. Y. Secretary, Bernard Clausen, M. D., 70 Court St., Binghamton, N. Y. Number of members, 16. Annual dues, $3.00.

Central New York Homoeopathic Medical Society, organized 1850; incorporated 1850. The annual meeting is held in Syracuse, N. Y., on the second Thursday in September. Quarterly meetings are held in Syracuse and Rochester, alternately, on the second Thursday of the month. President, Glen I. Bidwell, M. D., 809 South Ave., Rochester, N. Y. Secretary, S. L. Guild-Legget, M. D., 603 W. Genesee St., Syracuse, N. Y. Number of members, 30. Annual dues, $1.00. Publishes its Transactions in the Medical Advance.

Chenango County Homoeopathic Medical Society, organized 1871; incorporated 1872. The annual meeting is held at Norwich, N. Y., on

the third Tuesday in January. A semi-annual meeting is held on the third Tuesday in June at different places. President, Robert E. Miller, M. D., Oxford, N. Y. Secretary, Frederick E. Roper, M. D., Norwich, N. Y. Number of members, 6. Annual dues, $1.00. Delegate, R. E. Miller, M. D.

Homoeopathic Medical Society of the Dutchess, Orange and Ulster Counties, organized 1902; not incorporated. No report received this year. Last year the Secretary was Frank A. Jacobson, M. D., 269 Grand St., Newburg, N. Y.

Homoeopathic Medical Society of the County of Kings, organized 1857; incorporated 1857. All meetings are held at 1313 Bedford Ave., Brooklyn, N. Y. President, Roy Upham, M. D., 300 McDonough St., Brooklyn, N. Y. Secretary, L. D. Broughton, 304 Lewis Ave., Brooklyn, N. Y. Number of members, 121; admitted last year, 4; deceased during the year, 2. Annual dues, $3.00.

Homoeopathic Medical Society of Madison County, organized 1865; not incorporated. The annual meeting is held in Oneida, N. Y., on the fourth Tuesday in June. The semi-annual is held as voted upon. President, Frederick C. Watson, M. D., Cazenovia, N. Y. Secretary, J. T. Wallace, M. D., 8 Park Ave., Oneida, N. Y. Number of members, 7. Annual dues, $1.00

Homoeopathic Medical Society of the County of New York, organized 1857; incorporated 1858. The annual meeting is held in December, at 17 West 43rd St., New York, N. Y. Other meetings are held in the same place on the second Thursday of the month, except during July, August and September. President, Walter G. Crump, M. D., 837 Madison Ave., New York, N. Y. Secretary, Reeve Turner, M. D., 522 West 149th St., New York, N. Y. Number of members, 374; admitted last year, 19; deceased during the year, 6. Annual dues, $3.00.

Medico-Chirurgical Society of Central New York, organized 1896; not incorporated. The annual meeting is held on the first Thursday in June, in Syracuse, N. Y. The semi-annual meeting is also held in Syracuse, N. Y. President, Elmer G. Kern, M. D., Herkimer, N. Y. Secretary, E. A. Gayde, M. D., 89 Albany St., Utica, N. Y. Number of members, 50; admitted last year, 3; 2 dropped and 3 resigned. Annual dues, $1.00.

Monroe County Homoeopathic Medical Society, organized 1868; incorporated 1872. The annual meeting is held on the second Tuesday in January, in Rochester, N. Y. Other meetings are held in Rochester, N. Y. President, Harold H. Baker, M. D., 301 Lake Ave., Rochester, N. Y. Secretary, Lloyd H. Clark, M. D., 275 Alexander St., Rochester, N. Y. Number of members, 66; admitted last year, 6. Annual dues, $2.00.

Academy of Pathological Science, New York, N. Y., organized 1893; not incorporated. The annual meeting is held at the Hotel Royalton, in November. Monthly meetings are held at the Royalton, New York, N. Y. President, A. H. Bingham, M. D., Euclid Hall, New York, N. Y. Secretary, Horace E. Ayres, M. D., 830 Lexington Ave., New York, N. Y. Number of members, 180. Annual dues, $2.00.

New York Homoeopathic Materia Medica Society, organized 1861; incorporated 1863. The annual meeting is held at the Hotel Royalton, 44 East 44th St., New York, N. Y. President, Joseph H. Ball, M. D., New York, N. Y. Secretary, W. C. McKnight, M. D., 13 Central Park West, New York, N. Y. Number of members, 70; admitted last year, 6; deceased during the year, 2. Annual dues, $1.00.

Onondaga County Homoeopathic Medical Society, organized 1863; incorporated 1863. The annual meeting is held in the Chamber of Commerce Rooms, University Bldg., Syracuse, N. Y., on the first Tuesday in May. Other meetings are held every two months, at the deci-

sion of the officers. President, J. M. Keese, M. D., Syracuse, N. Y. Secretary, E. Russell Sprague, M. D., 204 Seitz Bldg., Syracuse, N. Y. Number of members, 30; admitted last year, 1. Annual dues, $1.00.

Oswego County Homoeopathic Medical Society, organized 1861; not incorporated. No report received this year. Last year the Secretary, Robert C. Scott, M. D., Syracuse, N. Y., wrote: "The society seems to be dead. Meetings have been called but no one responds."

Southern Tier Homoeopathic Association, organized 1874; incorporated 1878. President, E. C. Eddy, M. D., Elmira, N. Y. Secretary, A. H. Rogers, M. D., Corning, N. Y. "The Association disbanded last year, but we still meet as part of the Interstate Confederation of Homœopathic Societies."—A. H. Rogers.

Westchester County Homoeopathic Medical Society, organized 1865; not incorporated. The annual meeting is held in Yonkers, N. Y., on the last Wednesday in October. A meeting is held in May in Mt. Vernon, N. Y. President, A. H. Hardy, M. D., Mt. Vernon, N. Y. Secretary, E. B. Jenks, M. D., Yonkers, N. Y. Number of members, 40; admitted last year, 1; deceased during the year, 1. Annual dues, $1.00.

Western New York Homoeopathic Medical Society, organized 1885; not incorporated. The annual meeting is held on the second Friday in April, alternately in Buffalo and Rochester. A semi-annual meeting is held in the same manner. President, George R. Critchlow, M. D., 505 Norwood Ave., Buffalo, N. Y. Secretary, R. M. Schley, M. D., 267 Elmwood Ave., Buffalo, N. Y. Number of members, 180; admitted last year, 7; deceased during the year, 2. Annual dues, $1.00.

Ohio.

Cincinnati Homoeopathic Medical Lyceum, organized 1889; incorporated 1889. The annual meeting is held at the Bethesda Hospital on the second Wednesday in May. Meetings are held on the second Wednesday of each month, at the same place. President, Wm. G. Hier, M. D., Madisonville, O. Secretary, H. P. Fishback, M. D., Newport, Ky. Number of members, 55. Annual dues, $1.00.

Cleveland Homoeopathic Medical Society, organized 1897; not incorporated. The annual meeting is held on the second Wednesday of May. Meetings are held on the second Wednesday of each month, at various places in the city. President, F. E. Lee, M. D., 607 Rose Bldg., Cleveland, O. Secretary, Gertrude K. Meck, M. D., 719 Rose Bldg., Cleveland, O. Number of members, 121; admitted last year, 7; deceased during the year, 1. Annual dues, $1.00

Columbus Homoeopathic Medical Society, organized 1897; not incorporated. The annual meeting is held on the first Tuesday in September. Meetings are held on the first and third Mondays of each month. President C. H. Rether, M. D., 958 Mt. Vernon Ave., Columbus, O. Secretary, J. G. Keiser, M. D., 427 E. Long St., Columbus, O. Number of members, 14; admitted last year, 1. No dues.

Dayton Homoeopathic Medical Society, organized 1894; not incorporated. No report received this year. Last year the Secretary was Merrill D. Prugh, M. D., 906 N. Main St., Dayton, O.

Eastern Ohio Homoeopathic Medical Society, organized 1874; not incorporated. The annual meeting is usually held in Akron, O., on the third Wednesday of April. A semi-annual meeting is held in any town in Eastern Ohio, as may be voted upon. President, W. H. Thompson, M. D., Salem, O. Secretary, George H. Irvin, M. D., Orrville, O. Number of members, 124; admitted last year, 5; deceased during the year, 3. Assessments. Essays are printed in the current journals.

The Miami Valley Homoeopathic Medical Society, organized 1860; incorporated 1870. The annual meeting is held in Dayton, O., on the last Thursday of October. Monthly meetings are held in various

cities. President, Hugh M. Beebe, M. D., Sidney, O. Secretary, Rome M. Webster, M. D., 932 Reibold Bldg., Dayton, O. Number of members, 143. Initiation fee, $2.00. Delegates, H. E. Beebe, M. D.; C. E. Walton, M. D.

Northwestern Ohio Homoeopathic Medical Society, organized 1892; incorporated 1892. The annual meeting is held in Toledo, O., in December. A semi-annual meeting is held in Toledo, O. President, James C. Price, M. D., Euclid & Sixth Aves., Toledo, O. Secretary, W. Frank Maxwell, M. D., 1547 Nicholas Bldg., Toledo, O. Number of members 50. Annual dues, $1.00.

Ohio Valley Homoeopathic Medical Society, organized 1909; not incorporated. President, A. A. Roberts, M. D., Wellsburg, W. Va. Secretary, H. L. Wells, M. D., Cambridge, O. Number of members, 26 Annual dues, $1.00. "The society is practically out of existence."—H. L. Wells.

Summit County Clinical Society, organized 1885; not incorporated. The annual meeting is held on the third Tuesday of December. Meetings are held on the third Tuesday of each month at 322 Hamilton Bldg., Akron, O. President, W. W. Dixon, M. D., 894 E. Market St., Akron, O. Secretary, E. B. Whigam, M. D., 627 First-Second National Bank Bldg., Akron, O. Number of members, 16; admitted last year, 4; deceased during the year, 3. No dues. Delegates, Wm. Wilson, M. D.; E. J. Canfield, M. D.

Union Clinical Society, organized 1902; not incorporated. The annual meeting is held in Piqua, O., on the second Friday in October. Meetings are held once a month in Sidney, Piqua, Troy or Covington. President, Clarke Hetherington, M. D., Piqua, O. Secretary, Charles R. Coffeen, M. D., Piqua, O. Number of members, 14; deceased during the year, 1. This is largely a Clinical Society.

Oklahoma.

Central Homoeopathic Medical Society of Oklahoma, organized January 1912; not incorporated. The annual meeting is held in October in Okahoma City, Okla. Meetings are held at the offices of members, every second month. President, C. R. Phelps M. D., Sixth and Harrison Aves., Oklahoma City, Okla. Secretary, J. A. Brooke, M. D., 212 American National Bank Bldg., Oklahoma City, Okla. Number of members, 8; admitted last year, 1. Assessments when necessary.

Pennsylvania.

Allegheny County Homoeopathic Medical Society, organized 1864; incorporated 1864. The annual meeting is held at the Homœopathic Hospital, Pittsburgh, Pa., on the third Wednesday of December. Monthly meetings are held at the same place, on the third Wednesday of the month. President, Edward B. Clark, M. D., First National Bank Bldg., Pittsburgh, Pa. Secretary, Charles A. Ley, M. D., First National Bank Bldg., Pittsburgh, Pa. Number of members, 100; deceased during the year, 3. Annual dues, $3.00.

Beaver County Homoeopathic Medical Society, organized 1883; not incorporated. The annual meeting is held at Beaver Valley General Hospital, New Brighton, Pa. Monthly meetings are held on the third Thursday of each month, at the members' offices, alternately. President, S. H. Pettler, M. D., New Brighton, Pa. Secretary, Wm. Raymer, M. D., 1402 Sixth Ave., Beaver Falls, Pa. Number of members, 14; admitted last year, 4; deceased during the year, 2. Annual dues, $1.00.

Clinico-Pathologic Society of Philadelphia, organized 1894; not incorporated. The annual meeting is held in the Hahnemann Medical College Bldg., Philadelphia, Pa., on the third Saturday in January. Monthly meetings are held at the same place. President, Samuel W. Sappington, M. D., 124 South 16th St., Philadelphia, Pa. Secretary,

Benjamin K. Fletcher, M. D., 319 South 16th St., Philadelphia, Pa. Number of members, 106; admitted last year, 8. Annual dues, $2.00. Publishes its Transactions and papers in the current medical journals.

Homoeopathic Medical Society of Berks County, organized 1896; not incorporated. No report received this year. Last year the Secretary was Margaret Hassler Schantz, M. D., 402 North 9th St., Reading, Pa.

Homoeopathic Medical Society of Chester County, Pa., organized 1898; not incorporated. No report received for two years. As last reported the Secretary was S. A. Mullin, M. D., 29 South High St., West Chester, Pa.

Homœopathic Medical Society of Chester, Delaware and Montgomery Counties, organized 1858; not incorporated. The annual meeting is held on the second Tuesday of October, in West Chester, Pa. A meeting is held in April on Hahnemann's Birthday in Chester, and on the second Tuesday of alternate months at various places. President, Morris Hughes, M. D., Kennett Square, Pa. Secretary, Isaac Crowther, M. D., 800 Madison St., Chester, Pa. Number of members, 78; admitted last year, 2; deceased during the year, 1. Annual dues, $1.00. Papers are printed in the current journals.

Homoeopathic Medical Society of Delaware County, organized 1898; not incorporated. No report received for four years. At last report the Secretary was, George C. Webster, M. D., 311 West 7th St., Chester, Pa.

Homoeopathic Medical Society of Erie County, Pa., organized 1893; not incorporated. No report received this year. Last year the Secretary was Charles A. McNeill, M. D., 119 E. 18th St., Erie, Pa.

Germantown Homoeopathic Medical Society of Philadelphia, organized 1877; not incorporated. The annual meeting is held in Philadelphia. Monthly meetings are held at different places. President, Frank L. Abbott, M. D., 3316 N. Broad St., Philadelphia, Pa. Secretary, Landreth W. Thompson, M. D., 1701 Green St., Philadelphia, Pa. Number of members, 158. Annual dues, $10.00.

Goodno Homoeopathic Medical Society, organized 1900; incorporated 1900. The annual meeting is held in Lancaster, Pa., on the second Thursday of October. Meetings are held in Harrisburg, York and Columbia, on the second Thursday in April, June and August. President, John A. Shower, M. D., 104 S. Beaver St., York, Pa. Secretary, C. H. Smith, M. D., 507 W. Philadelphia St., York, Pa. Number of members, 43; admitted last year, 4; deceased during the year, 1. Annual dues, $1.00.

Lackawanna County Homoeopathic Medical Society, organized 1900; not incorporated. No report received this year. Last year the Secretary was H. S. Mauser, M. D., 1324 Mulberry St., Scranton, Pa.

Luzerne County Homoeopathic Medical Society, organized 1899; not incorporated. The annual meeting is held at the Wyoming Valley Homœopathic Hospital, Wilkes-Barre, Pa. President, E. H. Hill, M. D., 41 Church St., Pittston, Pa. Secretary, O. K. Grier, M. D., 389 N. Main St., Wilkes-Barre, Pa. Number of members, 23; admitted last year, 2. Assessments. Delegates, T. M. Johnson, M. D.; J. A. Bullard, M. D.

Homoeopathic Medical Society of the County of Philadelphia, organized 1866; incorporated 1906. The annual meeting is held at Hahnemann College, Philadelphia, Pa. Meetings are held on the second Thursday of the month, excepting July and August. President, Herbert P. Leopold, M. D., 1825 Chestnut St., Philadelphia, Pa. Secretary, Wm. M. Sylvis, M. D., 1903 S. Broad St., Philadelphia, Pa. Number of members, 300. Annual dues, $2.00.

Homoeopathic Medical Society of the Twenty-Third Ward of Philadelphia, organized 1881; not incorporated. The annual meeting is held in October at the office of a member. Meetings are held on the third Wednesday of each month, at a member's office. President, Frank C. Emery, M. D., Fox Chase, Philadelphia, Pa. Secretary, John D. Boileau, M. D., 804 Lehigh Ave., Philadelphia, Pa. Number of members, 23. Annual dues, $1.00. Delegates, J. D. Boileau, M. D.; J. M. Beyer, M. D.

Philadelphia Academy of Medicine, organized 1908; incorporated 1908. The annual meeting is held in Philadelphia. President, Wm. H. Yeager, M. D., 3300 North 15th St., Philadelphia, Pa. Secretary, W. E. Kepler, M. D., 755 South 60th St., Philadelphia, Pa. Number of members, 125. Assessments.

Philadelphia Society for Clinical Research, organized 1905; not incorporated. The annual meeting is held on the fourth Monday in October at a member's home. Monthly meetings are held in the same manner. President, Edward G. Muhly, M. D., 1508 S. Broad St., Philadelphia, Pa. Secretary, Warren C. Mercer, M. D., 1705 Circle St., Philadelphia, Pa. Number of members, 19; admitted last year, 2. Annual dues, $6.00.

Hahnemannian Medical Society of Reading, Pa., organized 1911; not incorporated. The annual meeting is held at the Homœopathic Hospital, Reading, Pa. President, deceased; Vice-President, W. F. Marks, M. D., 922 Penn St., Reading, Pa. Secretary, Frank H. Lawrence, M. D., 1502 Perkiomen Ave., Reading, Pa. Number of members, 21; admitted last year, 4; deceased during the year, 1. Annual dues, fifty cents.

Reading Homoeopathic Hospital and Dispensary Association, organized 1888; not incorporated. No report received for three years. As last reported the Secretary was Henry F. Schantz, M. D., 402 N. Fifth St., Reading, Pa.

Schuylkill County Homoeopathic Medical Society, organized 1883; not incorporated. The annual meeting is held in Pottsville, Pa. Monthly meetings are held at different places. President, Wm. F. Doyle, M D., Pottsville, Pa. Secretary, F. M. Quinn, M. D., Minersville, Pa. Number of members, 26; admitted last year, 1. Annual dues, $1.00.

Southern Philadelphia Medical Association, organized 1910; not incorporated. The annual meeting is held on the third Tuesday in November, in Philadelphia, Pa. Monthly meetings are held at the homes of the members. President, W. M. Sylvis, M. D., 1903 S. Board St., Philadelphia, Pa. Secretary, J. J. McKenna, M. D., 2038 South 17th St., Philadelphia, Pa. Number of members, 20; admitted last year, 2; deceased during the year, 1. Assessment.

West Branch Homoeopathic Medical Society, organized 1907; not incorporated. The annual meeting is held in December at Williamsport, Pa. Meetings are held every two months at the offices of the members. President, W. L. Gerhert, M. D., Lewisburg, Pa. Secretary, Adelbert D. Dye, M. D., Pine St., Williamsport, Pa. Number of members, 11; deceased during the year, 1. Annual dues, $1.00.

Women's Homoeopathic Medical Association of Pittsburgh, Pa., organized 1899; not incorporated. The annual meeting is held on the first Thursday of November, in the office of a member. Meetings are held in a member's office on the first Thursday of each month. President, Ella D. Goff, M. D., 192 Sprague Ave., Bellevue, Pa. Secretary, Lydia Baker Pierce, M. D., 5661 Beacon St., Pittsburgh, Pa. Number. of members, 12. Annual dues, $1.00.

HOMOEOPATHIC MEDICAL CLUBS.

The Institute Fraternity of the American Institute of Homoeopathy, organized 1904; not incorporated. The annual meeting is held on the third day of the annual meeting of the American Institute of Homoeopathy. President, Martha E. Clark, M. D., 426 State Bank Bldg., Omaha, Neb. Secretary, Marie L. Hunt, M. D., Hyde Park Hotel, Chicago, Ill. Number of members, 110; admitted last year, 8; deceased during the year, 2. Annual dues, $1.00. "We have an honorary membership of 11 members,"—M. L. Hunt.

Colorado.

Denver Homoeopathic Medical Society, organized 1911; not incorporated. The annual and monthly meetings are held at the Hotel Shirley, Denver, Col. President, George W. Palmer, M. D., 312 Mack Block, Denver, Col. Secretary, Horace T. Dodge, M. D., 311 Jacobson Bldg., Denver, Col. Number of members, 45. Annual dues, $1.00.

Delaware.

Homoeopathic Medical Society of New Castle County, organized 1903; not incorporated. The annual meeting is held on the second Friday in December at the Board of Education Room. Monthly meetings are held in the same manner. President, F. E. Pierson, M. D., Wilmington, Del. Secretary, Julian Adair, M. D., 712 Washington St., Wilmington, Del. Number of members, 23; admitted last year, 2. Annual dues, $3.00.

District of Columbia.

Chiron Club of Washington, organized 1908; not incorporated. Monthly meetings are held on the second Tuesday of the month at the home of a member. A chairman is selected for each meeting. Secretary, Carden F. Warner, M. D., 816 Fifteenth St., Washington, D. C. Number of members, 8. No dues.

The Clinical Club of the District of Columbia, organized 1903; not incorporated. The annual meeting is held in May. Monthly meetings are held at the offices of the members. President, Richard Kingsman, M. D., 711 Capital St., Washington, D. C. Secretary, L. D. Wilson, M. D., 316 B. St., S. E., Washington, D. C. Number of members, 12. No dues. "Object, discussion of cases—promote good fellowship."

Washington Medical and Surgical Club, organized 1886; not incorporated. The annual meeting is held in December. Monthly meetings are held at the homes of the members on the third Thursday. President, Charles F. Goodell, M. D., Frederick, Md. Secretary, John S. Stearns, M. D., 1425 Rhode Island Ave., Washington, D. C. Number of members, 8. No dues.

Georgia.

Atlanta Medical Club, organized 1882; not incorporated. No report received for three years. Secretary, Clarence N. Paine, M. D., 629 Prudential Bldg., Atlanta, Ga., as last reported.

Illinois.

The After-Dinner Club of Chicago, Ill., organized 1904; not incorporated. The annual meeting is held in June at the Hotel Sherman. President, Annie W. Spencer, M. D., Batavia, Ill. Secretary, Mary E. Hanks, M. D., 700 Marshall Field Bldg., Chicago, Ill. Number of members, about 100; admitted last year, 6; deceased during the year 2. Annual dues, $1.00.

Maryland.

Homoeopathic Medical and Surgical Club of Baltimore, organized 1900; not incorporated. The annual meeting is held in December at

the Hotel Emerson. Monthly meetings are held at the homes of the members. President, J. W. Wisner, M. D., 14 W. North Ave., Baltimore, Md. Secretary, Wm. M. Pannebaker, M. D., 1209 Madison Ave., Baltimore, Md. Number of members, 14. Annual dues, $3.00

Massachusetts.

Hughes Medical Club of Boston, organized 1878; not incorporated. The annual meeting is held on the third Friday of May in Boston, Mass. Monthly meetings are held by special invitation of members. A chairman is chosen at each meeting. Secretary, Edward P. Colby, Trinity Court, Boston, Mass. Number of members, 15 active; 12 honorary. Annual dues, expenses. "Membership limited to fifteen active members."

Twentieth Century Medical Club (Women's), organized 1897; not incorporated. No report received for three years. As last reported the Secretary was Grace G. Savage, M. D., 535 Beacon St., Boston, Mass.

Lowell Hahnemann Club, organized 1881; not incorporated. Secretary, George L. VanDeursen, M. D., Lowell, Mass. No report received this year. Last year Dr. VanDeursen wrote, "Still in a state of suspension. May be organized as a part of a Merrimack Valley Branch of State Society."

Allen Homoeopathic Materia Medica Club of Springfield, Mass., organized 1898; not incorporated. No report received for two years. As last reported the Secretary was Robert E. Hovey, M. D., 5 Oak St., Springfield, Mass.

Michigan.

Verification Club of Washtenaw County, organized 1913; not incorporated. Monthly meetings are held at Ann Arbor, Mich. A chairman is chosen at each meeting. Secretary, W. D. Rowland, M. D., 317 S. State St., Ann Arbor, Mich. Number of members, 33. Annual dues, $1.00. Papers are published in the University Homœopathic Observer.

Missouri.

Hahnemann Medical Club of St. Louis, organized 1874; not incorporated. Semi-monthly meetings are held in the offices of the members, alternately. A chairman is chosen at each meeting. Secretary, James A. Campbell, M. D., 207 Mermod-Jaccard Bldg., St. Louis, Mo. Number of members, 11; deceased during the year, 1. No dues. Delegate, Jas. A. Campbell, M. D.

New Jersey.

Atlantic City Homoeopathic Medical Club, organized 1897; not incorporated. The annual meeting is held in January at a member's office, or a hotel. President, H. I. Silvers, M. D., 1910 Pacific Ave., Atlantic City, N. J. Secretary, Harry D. Evans, M. D., 1921 Pacific Ave., Atlantic City, N. J. Number of members, 25; admitted last year, 2. Annual dues, $3.00.

Homoeopathic Clinical Club of Camden and Burlington Counties, organized 1901; not incorporated. No report received for three years. As last reported, the Secretary was L. E. Griscom, M. D., 604 Broadway, Camden, N. J.

The Chiron Club, organized 1894; not incorporated. The annual meeting is held at the home of a member, on the second Wednesday in October. Meetings are held on the second Wednesday of each month at the homes of the members. A chairman is elected at each meeting. Secretary, Caldwell Morrison, M. D., 379 Seventh Ave., Newark, N. J. Number of members, 17. Dues, $2.00 per month.

Machaon Club of Jersey City, organized 1893; not incorporated. The annual meeting is held at the Carteret Club House, Jersey City,

in February. Meetings are held at the same place on the first Wednesday of each month, except July, August and September. President, F. A. Mandeville, M. D., 982 Broad St., Newark, N. J. Secretary, Joseph A. Nevin, M. D., 158 Bowers St., Jersey City, N. J. Number of members, 20 (limited); admitted last year, 2. Annual dues, $1.00.

New Jersey Medical Club, organized 1869; not incorporated. The annual meeting is held at the Hotel Manhattan, New York, N. Y., in March. Meetings are held at the same place on the third Wednesday of each month. President, W. E. Doremus, M. D., Arlington, N. J. Secretary, Arthur F. Thompson, M. D., 169 Main St., East Orange, N. J. Number of members. 16; admitted last year, 1; deceased during the year, 1. No dues.

New York.

Brooklyn Medical Club, organized 1896; incorporated 1896. The annual meeting is held at the Clarendon Hotel on the third Monday in October. Monthly meetings are held, from October to May, on the third Monday of the month, in the same place. A chairman is selected at each meeting. Secretary, George F. Lazarus, M. D., 2105 Caton Ave., Brooklyn, N. Y. Number of members, 17; admitted last year, 1. Annual dues, $20.00.

Inter Nos Club of Brooklyn, organized 1901; not incorporated. The annual meeting is held at the Clarendon Hotel on the first Friday in October. Monthly meetings are held, from October to May inclusive, at the same place. Executive Member, E. R. Bedford, M. D., 352 Hancock St., Brooklyn, N. Y. Secretary, J. G. Wright, M. D., 363 Eleventh St., Brooklyn, N. Y. Number of members, 25 (the limit). Annual dues, $10.00.

Clinical Club of Buffalo, organized 1895; not incorporated. No report received this year. Last year the Secretary was C. Pearley Lape, M. D., 391 Grant St., Buffalo, N. Y.

Chiron Club of New York, organized 1886; not incorporated. The annual meeting is held on the second Monday in December in New York City. Monthly meetings are held in the offices of the members on the second Monday of the month. President, James L. Beyea, M. D., 235 Second Ave., New York, N. Y. Secretary, John W. Dowling, M. D., 616 Madison Ave., New York, N. Y. Number of members, 20 (the limit). "Meetings purely social."

Clinical Club of New York, organized 1877; not incorporated. The annual meeting is held in New York City in May. Meetings are held on the third Thursday of each month from October to May inclusive, in New York City. President, George F. Laidlaw, M. D., 58 West 53d St., New York, N. Y. Secretary, Philip C. Thomas, M. D., 44 West 77th St., New York, N. Y. Number of members, 29. Annual dues, $12.00.

Dunham Club of New York, organized 1894; not incorporated. No report received for five years. As last reported the President was J. Wilford Allen, M. D., 117 West 12th St., New York, N. Y.

Helmuth Club of New York, organized 1902; not incorporated. The annual meeting is held in June in Brooklyn, N. Y. Monthly meetings are held on the first Tuesday of the month, from October to June. President, James E. Tytler, M. D., 113 West 126th St., New York, N. Y. Secretary, L. R. Withington, M. D., 855 Seventh Ave., New York, N. Y. Number of members, 40.

Jahr Club of New York, organized 1876; not incorporated. No report received for four years. As last reported the Secretary was W. H. Bishop, M. D., 667 Madison Ave., New York N. Y.

Meissen Club of New York, organized 1890; not incorporated. The annual meeting is held on the third Friday in May at the Hotel McAlpin. On the third Friday of each month meetings are held at the

same place. President, James D. Miller, M. D., 70 West 52nd St., New York, N. Y. Secretary, Reuel A. Benson, M. D., 8 West 49th St., New York, N. Y. Number of members, 26; admitted last year, 2. Assessments.

New York Medical Club, organized 1865; not incorporated. The annual meeting is held in January at a selected place. Meetings are held once a month, from October to May inclusive, at a selected place. No President. Secretary, W. M. VanZandt, M. D., 165 West 91st St., New York, N. Y. Number of members, 20 active; 5 honorary; admitted last year, 2; deceased during the year, 3. No dues.

Unanimous Club of New York, organized 1893; not incorporated. The annual meeting is held at the Hotel Manhattan, New York, N. Y., on the last Wednesday in April of each year. Meetings are held on the last Wednesday evening of February, October and December, at the same place. A chairman is chosen at each meeting. Secretary, Alton G. Warner, M. D., 19 Schermerhorn St., Brooklyn, N. Y. Number of members, 20 active; 40 associate. Annual dues, $20.00.

Rochester Clinical Club, organized 1904; not incorporated. No report received this year. Last year the Secretary was L. J. Saunders, M. D., 213 Alexander St., Rochester, N. Y.

Utica Homoeopathic Medical Club, organized 1905; not incorporated. The annual meeting is held on the first Thursday in October. On the first Thursday of each month meetings are held at the homes of the members, excepting June, July and August. President, E. C. Babcock, M. D., 608 Sunset Ave., Utica, N. Y. Secretary, Charles E. Alliaume, M. D., 219 Genesee St., Utica, N. Y. Number of members, 18. Annual dues, $1.00.

Yonkers Clinical Club, organized 1903; not incorporated. No report received for two years. As last reported the Secretary was Gedney Jenks, M. D., Hastings, N. Y.

Ohio.

Toledo Homoeopathic Club, organized 1902; not incoporated. No report received this year. Last year the Secretary was W. Frank Maxwell, M. D., 1547 Nicholas Bldg., Toledo, O.

Pennsylvania.

Organon Medical Club of Chester, Pa., organized 1887; not incorporated. The annual meeting is held in February in Chester, Pa. Monthly meetings are held at the residences of the members. President, R. B. Mercer, M. D., 223 W. Third St., Chester, Pa. Secretary, Daniel P. Maddux, M. D., N. E. Cor. Madison & Eighth Sts., Chester, Pa. Number of members, 15. Assessments.

Carl V. Vischer Medical and Surgical Association, organized 1907; not incorporated. The annual meeting is held at either the Majestic Hotel or the Art Club. Monthly meetings are held at the Majestic Hotel or 1421 Poplar St., Philadelphia, Pa. President, J. R. Mansfield, M. D., 5620 Germantown Ave., Philadelphia, Pa: Secretary, Ernest B. Smith, M. D., 1425 N. Broad St., Philadelphia, Pa. Number of members, 40; deceased during the year, 1. Annual dues, $5.00.

"**The Euphron Club** dissolved in January, 1911, by mutual agreement of the members."—G. Morris Golden, M. D., Secretary.

Hahnemann Club of Philadelphia, organized 1872; not incorporated. The annual meeting is held on the second Tuesday in January in Philadelphia. Monthly meetings are held as appointed. President, H. S. Weaver, M. D., 1533 Spruce St., Philadelphia, Pa. Secretary, Thomas S. Dunning, M. D., 1328 North 15th St., Philadelphia, Pa. Number of members, 8. Assessments.

Oxford Medical Club of Philadelphia, organized 1885; not incorporated. The annual meeting is held on the first Friday in November, where the club selects. Monthly meetings are held on the first Friday of the month, where essayist may select. President, L. B. Griffith, M. D., 2449 Columbia Ave., Philadelphia, Pa. Secretary, C. W. Simmons, M. D., 1628 North 18th St., Philadelphia, Pa. Number of members, 18; admitted last year, 2. Annual dues, $5.00.

Philadelphia Medical Club, organized 1883; not incorporated. President, Clarence Bartlett, M. D., 1437 Spruce St., Philadelphia, Pa. Secretary, Edwin H. Van Deusen, M. D., Vineland, N. J. "This club has been inactive for several years. There have been no changes in the officers of membership and no meetings."—E. H. Van D.

Wm. B. Van Lennep Clinical Club, organized 1895; not incorporated. The annual meeting is held at the Bellevue Stratford Hotel, Philadelphia, Pa. Monthly meetings are held as guests of club members. President, John D. Elliott, M. D., 1421 Spruce St., Philadelphia, Pa. Secretary, John E. James, M. D., 118 South 19th St., Philadelphia, Pa. Number of members, 19. Annual dues, $2.00. Papers are published in the monthly journals.

Woman's Homoeopathic Medical Club of Philadelphia, Pa., organized 1883; not incorporated. The annual meeting is held on the first Tuesday in November, at the home of the President. Meetings are held on the first Tuesday in January, March and May. President, Mary Branson, M. D., 1504 Locust St., Philadelphia, Pa. Secretary, Ida V. Reel, M. D., 4027 Spring Garden St., W. Philadelphia, Pa. Number of members, 17; admitted last year, 1. Annual dues, $1.00.

East End Doctors' Club of Pittsburgh, Pa., organized 1895; not incorporated. No report received for four years. As last reported the Secretary was C. I. Wendt, M. D., 600 Shady Ave., Pittsburgh, Pa.

Rhode Island.

Homoeopathic Clinical Club, Providence, R. I., organized 1908; not incorporated. The annual meeting is held on the last Tuesday in January at 13 Green St., Providence, R. I. Monthly meetings are held at the same time and place. President, Ralph W. Hayman, M. D., 672 Broad St., Providence, R. I. Secretary, Wm. M. Muncy, M. D., 23 Waterman St., Providence, R. I. Number of members, 10. Dues, by assessment, about $2.00.

ALUMNI ASSOCIATIONS OF HOMOEOPATHIC COLLEGES AND INSTITUTIONS.

Alumni Association of Boston University School of Medicine, organized 1872; incorporated 1902. The annual meeting is held in Young's Hotel, Boston, Mass., on the Tuesday before Commencement Day. Other meetings are held at the call of the President. President, George B. Rice, M. D., 220 Clarendon St., Boston, Mass. Secretary, H. L. Babcock, M. D., 535 Beacon St., Boston. Number of members, 300; admitted last year, 12. Annual dues, $1.00.

Alumni Association of the St. Louis Children's Hospital, organized 1903. No. report received for four years. As last reported the Secretary was, L. T. Armet, M. D., Page and Taylor Aves., St. Louis, Mo.

Alumni Association of the Homoeopathic College of the University of Michigan, organized 1876; incorporated 1878. The annual meeting is held usually in Ann Arbor, Mich. Other meetings are held at the call of the officers. President, John M. Lee, M. D., Rochester, N. Y. Secretary, Mabel Dixey, M. D., Fremont, O. Number of members, about 300. Dues, sufficient to meet demands of the association; no regular figure. The interests of the society are published in the "Observer."

Alumni Association of the Alpha Sigma Fraternity, organized 1893; incorporated 1901. The annual meeting is held at the home of a member. Other meetings are held in the same manner. President, Wm. McLean, M. D., 391 West End Ave., New York, N. Y. Secretary, Haskell S. Phelps, M. D., 114 W. 13th St., New York, N. Y. Number of members, 124.

Alumni Association of Flower Hospital, organized 1903; not incorporated. The annual meeting is held at the hospital. President, R. A. Stewart, M. D., 616 Madison Ave., New York, N. Y. Secretary, Leon Loizeaux, M. D., 117 East 71st St., New York, N. Y. Number of members, 48. Annual dues, $1.00.

Alumni Association of the New York Homoeopathic Medical College and Hospital, organized 1883; incorporated 1899. The annual meeting is held on the first Tuesday in June at the College Building, 63rd St. and Avenue A. President, Herbert D. Schenck, M. D., 75 Halsey St., Brooklyn, N. Y. Secretary, Joseph Fobes, M. D., 1 West 68th St., New York, N. Y. Number of members, 1295; admitted last year, 40; deceased during the year, 8. Annual dues, $2.00. Publishes its Alumni Directory and college paper, "The Chironian."

Alumni Association of the New York Medical College and Hospital for Women, organized 1875; not incorporated. The annual meeting is held in some New York City hotel, the day following Commencement. Other meetings are held at the college, 17-19 West 101st St., New York, N. Y. President, Harriet VanB. Peckham, M. D., 150 Halsey St., Brooklyn, N. Y. Secretary, Lillian M. Burlingame, M. D., 79 Hancock St., Brooklyn, N. Y. Number of members, about 200; admitted last year, 11; deceased during the year, 4. Annual dues, $1.00.

Alumni Association of Hahnemann Medical College and Hospital of Philadelphia, organized 1848; not incorporated. The annual meeting is held at Alumni Hall, Hahnemann College, during Commencement Week. President, Alvan W. Atkinson, M. D., 423 E. State St., Trenton, N. J. Secretary, Edwin Lightner Nesbit, M. D., Bryn Mawr, Pa. Number of members, about 1700; admitted last year, 31; deceased during the year, 27. Annual dues, $1.00. Publishes the Alumni "Bulletin."

MISCELLANEOUS HOMOEOPATHIC ASSOCIATIONS.

The Meissen, organized 1893; not incorporated. The annual meeting is held at the same time and place as the American Institute of Homoeopathy. No report received this year. Last year the Secretary was Mrs. W. H. Phillips, 1791 Cadwell Ave., Cleveland, O.

Maine Homoeopathic Hospital Association, organized 1909. No report received this year. Last year the Secretary was Hon. Benjamin F. Cleaves, Biddeford, Me.

New England Hahnemann Association, organized 1895; incorporated 1896. The annual meeting is held in Boston, Mass., on the second Monday in January. President, Edmund A. Whitman, Esq., Pemberton Bldg., Boston, Mass. Secretary, Wesley T. Lee, M. D., 281 Broadway, Somerville, Mass. Number of members 100, Annual dues, $2.00.

Homoeopathic Pharmaceutical Association, organized 1881; not incorporated. The annual meeting is held in Philadelphia, Pa. Presiden, Frank J. Slough, M. D., Allentown, Pa. Secretary, E. P. Anshutz, M. D., 1011 Arch St., Philadelphia, Pa. Number of members, 13. "No meeting held for two years,"—E. P. Anshutz.

GENERAL HOMOEOPATHIC HOSPITALS.

California.

Hahnemann Hospital, San Francisco, Cal. Incorporated 1895; open to patients 1906. No report received this year. Last year the Executive Officer was W. H. Jordan, Atty., Monadnock Bldg., San Francisco, Cal. Delegate, J. W. Ward, M. D.

Canada.

Montreal Homoeopathic Hospital, Montreal, Can. Incorporated 1904; opened to patients 1894. No report received for two years. As last reported the Executive Officer was J. T. Trovinger, M. D., 45 Metcalf St., Montreal, Can.

Colorado.

Park Avenue Hospital, Denver, Col. Incorporated 1895; opened to patients 1895. No report received for three years. As last reported the Executive Officer was David A. Strickler, M. D., Masonic Temple, Denver, Col.

Connecticut.

Grace Homoeopathic Hospital, New Haven, Conn. Incorporated 1889; opened to patients 1892. No report received this year. Last year the Executive Officer was Emory J. Walker, M. D., 1136 Chapel St., New Haven, Conn.

Delaware.

Homoeopathic Hospital of Delaware, Van Buren St. and Shallcross Ave., Wilmington, Del. Incorporated 1889; opened to patients 1888. No report received this year. Last year the Secretary was Mrs. F. C. Carpenter, Homœpathic Hospital, Wilmington, Del. Delegate. Julian Adair, M. D.

District of Columbia.

National Homoeopathic Hospital of the District of Columbia, Kirby and N Sts., Washington, D. C. Incorporated 1881; opened to patients 1881. Superintendent, Miss Laura Slee, National Homœopathic Hospital, Washington, D. C. President of the Board of Trustees, Arthur A. Birney. Number of beds, 70; patients treated last year, 1007. Treats all cases excepting alcoholic, nervous and insane cases. Supported by pay of patients, donations and contributions from Ladies' Aid Assn. Estimated value, $146,300.00.

Illinois.

Chicago Homoeopathic Hospital, 711 S. Wood St., Chicago, Ill., has closed.—Elmer T. White, M. D., Executive Officer.

Hahnemann Hospital of the City of Chicago, Ill., 2814-16 Groveland Ave., Chicago, Ill. Incorporated 1855; opened to patients 1855. Secretary, J. C. Burt, Hahnemann Hospital, Chicago, Ill. Number of beds, 112; patients treated last year, 1652. Treats all cases excepting alcoholic, nervous and insane cases. Supported by pay of patients and endowment. Estimated value, $180,000.00. Delegate, Joseph P. Cobb, M. D.

Iowa.

University Homoeopathic Hospital, Iowa City, Iowa. Not incorporated; opened to patients, 1876. Executive Officer, T. L. Hazard, M. D., Phoenix Block, Iowa City, Ia. Number of beds, 35; patients treated last year, 494. Treats all cases except the insane. Supported by the state of Iowa.

Kansas.

Marion Hospital, Marion, Kans. Not incorporated; opened to patients, 1911. Executive Officer, G. J. Goodsheller, M. D., Marion, Kans.

Number of beds, 12; patients treated last year, 165. Treats general and surgical cases only. Supported by pay of patients. Estimated value, $6,000.00.

Maryland.

Maryland Homoeopathic Hospital and Free Dispansary, 1122 N. Mount St., Baltimore, Md. Incorporated 1894; opened to patients, 1894. No report received this year. Last year the Superintendent was Clara B. Peck, R. N., 1122 N. Mount St., Baltimore, Md.

St. Luke's Hospital of Baltimore, Md., 114-120 W. North Ave., Baltimore, Md. Incorporated 1905; opened to patients 1906. Secretary, P. B. Fowler, M. D., 114-120 W. North Ave., Baltimore, Md. Number of beds, 45; patients treated last year, 429. Treats all cases excepting the insane. Supported by State aid and pay of patients. Estimated value, $30,000.00.

Massachusetts.

Massachusetts Homoeopathic Hospital, East Concord St., Boston, Mass. Incorporated 1855; opened to patients, 1873. Executive Officer, William O. Mann, M. D., Mass., Homœopathic Hospital, Boston, Mass. Number of beds, 375; patients treated last year, 6,446. Treats all cases except alcoholic, nervous and insane cases. Supported by pay of patients and endowment. Estimated value, $800,000.00.

Newburyport Homoeopathic Hospital, Newburyport, Mass. Incorporated 1892; opened to patients, 1906. Superintendent, Theodosia Manwell, Homœopathic Hospital, Newburyport, Mass. Number of beds, 30; patients treated last year, 300. Treats all cases excepting alcoholic, contagious, nervous and insane cases. Supported by invested funds and contributions. Estimated value, $25,000.00.

Essex Homoeopathic Hospital, Salem, Mass., is discontinued. Books filed in Essex Institute, Salem, Mass.,—Alfred Manchester, M. D., Executive Officer.

Wessen Memorial Hospital. Springfield, Mass. Incorporated 1900; opened to patients, 1900. Secretary, Geo. B. Joslyn, 66 Garfield St., Springfield, Mass. Number of beds, 70; patients treated last year, 750. This is a general and surgical hospital. Supported by pay of patients and endowment. Estimated value, $300,000. Delegate, Robert F. Hovey, M. D.

Worcester Hahnemann Hospitol, 281 Lincoln St., Worcester Mass. Incorporated 1895; opened to patients, 1896. Treasurer, George A. Slocomb, M. D., 769 Main St., Worcester, Mass. Number of beds, 25; patients treated last year, 298. Treats all cases except alcoholic and insane cases. Supported by pay of patients and donations. Estimated value, $75,000.00.

Michigan.

University Homoeopathic Hospital, Ann Arbor, Mich. Not incorporated; opened to patients, 1875. Superintendent, Russell E. Atchison, University Homœopathic Hospital, Ann Arbor, Mich. Number of beds, 100; patients treated last year, 3,255. Treats all cases except the insane. Supported by the State and pay of patients. Estimated value, $150,000.00. "A clinical hospital for instruction of medical students. No private patients admitted. Each patient pays a daily fee."

Grace Hospital, Detroit, Mich. Incorporated 1888; opened to patients, 1888. No report received this year. Last year the Superintendent was W. L. Babcock, M. D., Grace Hospital, Detroit, Mich.

Mercy Hospital of Muskegon, Mich. 269 Jefferson St., Muskegon, Mich. Incorporated 1903; opened to patients, 1903. No report received this year. Last year the Superintendent was Sister M. E. Brechting, Mercy Hospital, Muskegon, Mich.

Missouri.

Homoeopathic Hospital and Training School of Kansas City, 3021 Olive St., Kansas City, Mo. Incorporated 1900; opened to patients, 1899. Executive Officer, Mrs. Bertha Dockson, 3021 Olive St., Kansas City, Mo. Number of beds, 6; patients treated last year, 6. Treats all cases except general, alcoholic and insane cases. Supported by pay of patients.

Nebraska.

Red Cross Hospital, Fullerton, Neb. Not incorporated; opened to patients, 1905. No report received for four years. As last reported the Executive Officer was Henry E. Kinyon, M. D., Fullerton, Neb.

New Jersey.

West Jersey Homoeopathic Hospital, Camden, N. J. Incorporated 1891; opened to patients, 1887. Executive Officer, C. F. Hadley, M. D., 3320 Federal St., Camden, N. J. Number of beds, 40; patients treated last year, 1037. Treats all cases excepting alcoholic, nervous and insane cases. Supported by city appropriation, contributions and pay of patients. "The new building is now being equipped and will soon be ready to receive patients."

Homoeopathic Hospital of Essex County, Newark, N. J. Incorporated 1903; opened to patients, 1903. Superintendent, Miss Helen Bare; Chief of Staff, Chas. A. Groves, M. D., 303 Main St., East Orange, N. J. Number of beds, 50; patients treated last year, 703. Treats all cases except alcoholic, nervous and insane cases. Supported by pay of patients, donations and contributions. Estimated value, $60,000.00.

St. Mary's Hospital, Pennington Ave., Passaic, N. J. Incorporated 1895; opened to patients, 1895. No report received for two years. As last reported the Executive Officer was Sister Rose Vincent, St. Mary's Hospital, Passaic, N. J.

The William McKinley Memorial Hospital, Brunswick Ave., Trenton, N. J. Incorporated 1899; opened to patients, 1899. Executive Officer, Mr. Walter F. Smith, 203 E. State St., Trenton, N. J. Superintendent, W. B. Kents. Number of beds, 75; patients treated last year, 1,061. Treats all cases excepting alcoholic and insane cases. Supported by pay of patients, contributions and county appropriations. Estimated value, $100,000.00.

New York.

The Homoeopathic Hospital of Albany, N. Y., 161 N. Pearl St., Albany, N. Y. Incorporated 1875; opened to patients, 1868. No report received this year. Last year the Secretary was James W. Cox, Homœopathic Hospital, Albany, N. Y.

Cumberland Street Hospital, 109 Cumberland St., Brooklyn, N. Y. Incorporated 1902; opened to patients, 1902. No report received this year. Last year the Medical Superintendent was W. A. Pulglase, M. D., 109 Cumberland St., Brooklyn, N. Y.

Memorial Hospital for Women and Children, 827 Sterling Place, Brooklyn, N. Y. Incorporated 1883; opened to patients, 1883. Secretary, H. C. VanB. Peckham, M. D., 150 Halsey St., Brooklyn, N. Y. "Pending the collection of funds for a new building the trustees have rented the building to the Memorial Dispensary and are not using it as a hospital, it having become inadequate for hospital purposes."

Buffalo Homoeopathic Hospital, Cor. Linwood and Lafayette Sts., Buffalo, N. Y. Incorporated 1872; opened to patients, 1872 (old hospital), 1911 (new hospital). Superintendent, Laura E. Coleman, Buffalo Homœopathic Hospital, Buffalo, N. Y. Number of beds, 136; patients treated last year, 3029. This hospital treats all cases except

the insane. Supported by pay of patients and investments. Estimated value, $346,767.00

City Hospital, Lockport, N. Y. Opened to patients, 1908; not incorporated. Treats all cases excepting alcoholic and insane cases. No report received for two years. As last reported the Superintendent was Vera D. Eaton, R. N., Lockport, N. Y.

Flower Hospital, 63rd St. and Ave. A, New York, N. Y. Incorporated 1889; opened to patients, 1890. Director, Royal S. Copeland, M. D., 58 Central Park West, New York, N. Y. Number of beds, 220; patients treated last year, 4,360. This is a general, surgical and maternity hospital. Supported by pay of patients, endowment and city appropriation. Estimated value, $750,000.00. "A very large ambulance service." Delegate, R. S. Copeland, M. D.

Hahnemann Hospital, Park Ave. and 68th St., New York, N. Y. Incorporated 1869; opened to patients, 1870. Secretary, Mr. H. M. Wolfe, 1 East 14th St., New York, N. Y. Superintendent, A. W. Weismann, Hahnemann Hospital, New York, N. Y. Number of beds, 110. Treats all cases except contagious and insane cases. Supported by pay of patients, donations, endowments and legacies. Estimated value, $100,000.00.

Laura Franklin Free Hospital for Children, 17-19 East 111th St., New York, N. Y. Treats only children from two to twelve years; no contagious diseases. Source of income, private. Executive Officer, John B. Garrison, M. D., 616 Madison Ave., New York, N. Y.

Metropolitan Hospital, Blackwell's Island. New York, N. Y. Not incorporated; opened to patients, 1875. Executive Officer, Walter, H. Conley, M. D., Metropolitan Hospital, New York, N. Y. Number of beds, 1,590; patients treated last year, 10,327. Treats all cases except the insane. Supported by the City of New York.

New York Medical College and Hospital for Women, 19 West 101st St., New York, N. Y. Incorporated 1863; opened to patients, 1864. Secretary, Mrs. H. L. Bender, 83 Hanson Place, Brooklyn, N. Y. Superintendent, Chas. H. Hornby, M. D. Number of beds, 50; patients treated last year, 1,033. Treats all cases except alcoholic, nervous, and insane cases. Supported by contributions and pay of patients. Estimated value, $125,000.00.

Palmer Memorial Hospital, Mamaroneck, N. Y. Incorporated 1905; not yet opened. Secretary, M. J. Hall, M. D., Mamaroneck, N. Y. Supported by $20,000.00 left by will of William D. Palmer. "Plans are now complete. Specifications being sent to bidders for estimates on construction."

Hahnemann Hospital, Rochester, N. Y. Incorporated 1889; opened for patients, 1880. Treats all cases except the insane. No report report received for two years. As last reported the Secretary was W. H. H. Rogers, Hahnemann Hospital, Rochester, N. Y.

Rochester Homoeopathic Hospital, 224 Alexander St., Rochester, N. Y. Incorporated 1887; opened to patients, 1889. Treats all cases excepting alcoholic and insane cases. No report received this year. Last year the Secretary was A. B. Eastwood, 262 Culver Road, Rochester, N. Y.

Syracuse Homoeopathic Hospital, 116 E. Castle St., Syracuse, N. Y. Incorporated 1895; opened to patients, 1895. Secretary, Mr. Herbert Smith, 524 Union Bldg., Syracuse, N. Y. Number of beds, 42; patients treated last year, 948. Treats all cases excepting alcoholic, nervous and insane cases. Supported by pay of patients and donations. Estimated value, $130,000.00.

Utica Homoeopathic Hospital, 684 Genesee St., Utica, N. Y. Incorporated 1895; opened to patients, 1895. Executive Officer, A. R. Grant, M. D., 321 Genesee St., Utica, N. Y. Number of beds, 20; pa

tients treated last year, 335. Treats all cases except alcoholic and insane cases. Supported by pay of patients and endowment. Estimated value, $25,000.00. "The Corporation of the Utica Homœopathic Hospital has been made residuary legatee of an estate which should appraise enough to erect a new modern homœopathic hospital."

Yonkers Homoeopathic Hospital and Maternity, Aushburton and Park Aves., Yonkers, N. Y. Incorporated 1896; opened to patients, 1896. Secretary, Mrs. C. C. Pierce, 657 Palisade Ave., Yonkers, N. Y. Number of beds, 69; patients treated last year, 1,221. Treats all cases except alcoholic and insane cases. Supported by pay of patients, endowment and city appropriation. Estimated value, $180,000. "Within the year the Training School for Nurses has been registered and an out-patient department has been established."

Ohio.

Grace Hospital, 2307 West 14th St., Cleveland, O. Incorporated 1910; opened to patients, 1911. Secretary, John T. Henderson, M. D., 2307 West 14th St., Cleveland, O. Number of beds, 45; patients treated last year, 360. Treats all cases except alcoholic, nervous and insane cases. Supported by members of Association. Estimated value, $18,000.00.

Ohio Hospital for Women and Children, 549 West 7th Ave., Cincinnati, O. Incorporated 1881; opened to patients, 1881. Treats all cases except alcoholic and insane cases. No report received for two years. As last reported the Secretary was Mrs. Joel C. Clare, 952 Marion Ave., Cincinnati, O.

The Toledo Hospital, 1711 Cherry St., Toledo, O. Incorporated 1876; opened to patients, 1876. Treats all cases except the insane. No report received this year. Last year the Superintendent was Margaret M. Wallace, 1711 Cherry St., Toledo, O.

Oregon.

Homoeopathic Hospital, Portland, Ore. "This hospital is not opened. Building still stands unfinished; $100,000.00 was invested in land and building; value of land has increased to $125,000.00."—H. C. Jefferds, M. D.

Pennsylvania.

J. Lewis Crozer Home for Incurables and Homoeopathic Hospital, Chester, Pa. Incorporated 1898; opened to patients, 1900. Superintendent, Miss S. Katharine Ubil, Chester, Pa. Number of beds, 75 (in both home and hospital); patients treated last year, home 30; hospital, 426. Treats general and surgical cases only. Supported by endowment. Estimated value, $500,000.00.

Children's Homoeopathic Hospital, Franklin and Thompson Sts., Philadelphia, Pa. Incorporated 1877; opened to patients, 1877. Executive Officer, Howard P. Boyle, Children's Homoeopathic Hospital, Philadelphia, Pa. Number of beds, 188; patients treated last year, 1,959. Treats all cases excepting alcoholic and insane cases. Supported by state aid and voluntary contributions. Estimated value, $257,614.00.

Hahnemann Medical College and Hospital, 15th above Race St., Philadelphia, Pa. Incorporated 1848; opened to patients, 1848. Treats all cases except alcoholic and insane cases. No report received this year. Last year the Secretary was William G. Foulke, M. D., Franklin Bldg., Philadelphia, Pa.

Hospital of the Women's Homoeopathic Association of Pennsylvania, 20th and Susquehanna Ave., Philadelphia, Pa. Incorporated 1882; opened to patients, 1884. Secretary, Mrs. Frank B. Skinner, 421 Chestnut St., Philadelphia, Pa. Number of beds, 125; patients treated last year, 1721. Treats all cases excepting alcoholic and insane cases.

Supported by endowment, donations, state aid and pay of patients. Estimated value, $250,000.00.

St. Luke's Homoeopathic Hospital, 4414 N. Broad St., Philadelphia, Pa. Incorporated 1896; opened to patients, 1896. Executive Officer, William H. Keim, M. D., 1716 North 18th St., Philadelphia, Pa. Number of beds, 55; patients treated last year, 1,137. Treats general, surgical and alcoholic cases. Supported by state aid, pay of patients. fairs, entertainments, etc. Estimated value, $105,000.00.

West Philadelphia General Hospital, 54th St. and Girard Ave., Philadelphia, Pa. Incorporated 1904; opened to patients, 1905. Treats all cases except alcoholic, nervous and insane cases. No report received for two years. As last reported the Executive Officer was William M. Hillegas, M. D., 1001 Belmont Ave., Philadelphia, Pa.

Women's Southern Homoeopathic Hospital of Philadelphia, 739 S. Broad St., Philadelphia, Pa. Incorporated 1896; opened to patients, 1896. Secretary, Miss Annie M. Miller, 1911 Mt. Vernon St., Philadelphia, Pa. Number of beds, 60; patients treated last year, 678. Treats all cases except alcoholic and insane cases. Supported by pay of patients and voluntary contributions. Estimated value, $130,000.00.

Homoeopathic Medical and Surgical Hospital of Pittsburgh, Pa., Center and Akin Aves., Pittsburgh, Pa. Superintendent, J. F. Speer, Center and Akin Aves., Pittsburgh, Pa. Number of beds, 150; patients treated last year, 2480. Treats all cases excepting alcoholic, nervous and insane cases. Supported by state appropriation, endowment, contributions and pay of patients. Estimated value, $598,-112.00.

Emergency Hospital, 2nd and Smithfield Sts., Pittsburgh, Pa. Treated 5,453 patients last year. Information received through J. F. Speer, Center and Aiken Aves., Pittsburgh, Pa.

Homoeopathic Medical and Surgical Hospital of Reading, Pa., 135 North 6th St., Reading, Pa. Incorporated 1890; opened to patients, 1891. Secretary, W. W. Light, 207 North 6th St., Reading Pa. Number of beds, 80; patients treated last year, 1,172. Treats all cases except alcoholic, nervous and insane cases. Supported by state aid, contributions and pay of patients. Estimated value, $95,000.00.

Hahnemann Hospital and Training School for Nurses, 316 Colfax Ave., Scranton, Pa. Incorporated 1897; opened to patients, 1897. Treats all cases except alcoholic, nervous and insane cases. No report received for two years. As last reported the Secretary was Miss Louise Tenney, 316 Colfax Ave., Scranton, Pa.

Rhode Island.

Homoeopathic Hospital of Rhode Island, 62-64 Jackson St., Providence, R. I. Incorporated 1904; opened to patients, 1904. Secretary, David P. Moulton, 626 Industrial Trust Co. Bldg., Providence, R. I. Number of beds, 25; patients treated last year, 598. Treats all cases excepting contagious, alcoholic, nervous and insane cases. Supported by pay of patients, contributions, and income from fund. Estimated value, $50,000.00.

GENERAL HOSPITALS IN WHICH BOTH SCHOOLS OF PRACTICE ARE EMPLOYED.

California.

Santa Rosa Hospital, 741 Humboldt St., Santa Rosa, Cal. Incorporated 1912; opened to patients, 1911. Superintendent. Mrs. Grace I. Briggs, 741 Humboldt St., Santa Rosa, Cal. Treats all cases except the insane. No report received this year.

Colorado.

City and County Hospital, West 6th Ave. and Cherokee St., Denver, Col. Incorporated 1887; opened to patients, 1886. Superintendent, W. H. Sharpley, M. D., City and County Hospital, Denver, Col. Number of beds, 500. Treats all cases except the insane.

Florida.

St. Luke's Hospital, Homœopathic Department, Jacksonville, Fla. Not incorporated; opened to patients, 1898. Treats medical and surgical cases only. No report received for three years. Officers not known; Henry R. Stout, M. D., Jacksonville, Fla., was the delegate at last report.

Illinois.

Moline Public Hospital Homœopathic Department, 5th Ave. and 7th St., Moline, Ill. Incorporated 1894; opened to patients, 1898. Treats all cases except the insane. No report received for two years. As last reported the Secretary was Mrs. Florence D. Sleight, 826 17th St., Moline, Ill.

Rockford City Hospital, Rockford, Ill. Incorporated 1883; opened to patients, 1883. Number of beds, 90; patients treated last year, about 1,000. Treats medical and surgical cases only. Supported by pay of patients, endowment and charity. "I am the only Homœopathic physician on the staff."—C. A. Walker, M. D., 301-2 Masonic Temple, Rockford, Ill.

Indiana.

Clark Hospital, Homœopathic Department, Elkhart, Ind. Incorporated 1898; opened to patients, 1898. "A new hospital was opened in August, 1913, hence the old hospital has been abandoned."—I. Wright Short, M. D., Clark Hospital, Elkhart, Ind., Secretary. No fuller report received.

Muncie Hospital and Invalids' Home, Homœopathic Department, Muncie, Ind. This is a general hospital. No report received for three years, and we do not know the officers.

Iowa.

The Jennie Edmundson Memorial Hospital, Homœopathic Department, Council Bluffs, Ia. Incorporated 1894; opened to patients, 1884. Treats all cases except alcoholic, nervous and insane cases. No report received for two years. As last reported the Executive Officer was Ella M. Stambach, The Jennie Edmundson Memorial Hospital, Council Bluffs, Ia.

Samaritan Hospital and Training School for Nurses, Homœopathic Department, corner 17th and Pierce Sts., Sioux City, Ia. Incorporated 1882; opened to patients, 1884. Miss Nellie M. Porter, Superintendent. Secretary, Mrs. Benjamin Schulien, Samaritan Hospital, Sioux City, Ia. Number of beds, 65; patients treated last year, 1,252. Treats all cases except the insane. Supported by memberships fees, subscriptions and pay of patients. Estimated value, $60,000.00.

Maine.

Bath City Hospital, Bath, Me. Incorporated 1907; opened to patients 1909. Superintendent, C. A. Marshall, M. D., Bath City Hospital, Bath, Me. Number of beds, 30; patients treated last year, 239. A general and surgical hospital. Supported by state contributions, small endowment fund, donations and pay of patients.

Massachusetts.

Emerson Hospital Forest Hills, 29 Morton St., Boston, Mass. Incorporated 1909; opened to patients, 1904. President, Hollis G. Batchelder, M. D., 520 Beacon St., Boston, Mass. Number of beds, 50;

patients treated last year, 934. Treats all cases excepting alcoholic, nervous and insane cases. Supported by pay of patients.

Brockton Hospital, Brockton, Mass. Incorporated 1890; opened to patients, 1896. Secretary, last year, A. L. Beak, M. D., 106 Main St., Brockton, Mass. Treats all cases excepting alcoholic, nervous and insane cases. No report received this year.

Rufus S. Frost's General Hospital, Chelsea, Mass. Not incorporated; opened to patients, 1894. No report received for four years. As last reported the Executive Officer was Frank E. Grild, 270 Chestnut St., Chelsea, Mass. Attending Homœopathic Physician, J. E. Blaisdell, M. D.

Framingham Hospital, Framingham, Mass. Incorporated 1890; opened to patients, 1893. Superintendent, Lucy J. King, Framingham Hospital, Framingham, Mass., last year. No report received this year. Treats all cases excepting alcoholic, nervous and insane cases.

Lowell General Hospital, Lowell Mass. Incorporated 1891; opened to patients, 1893. Superintendent, Sara A. Brown, R. N., Lowell General Hospital, Lowell, Mass. Number of beds, 70; patients treated last year, 1,265. Treats all cases excepting alcoholic, nervous and insane cases. Supported by endowment and pay of patients. Estimated value, $112,500.00.

Malden Hospital, Malden, Mass. Incorporated 1890; opened to patients, 1892. Executive Officer, E. F. Bickford, 38 Main St., Malden, Mass. Number of beds, 80; patients treated last year, 1,071. Treats all cases except alcoholic, nervous and insane cases. Supported by pay of patients and endowment. Estimated value, $95,000.00.

Leonard Morse Hospital, Union St., Natick, Mass. Not incorporated; opened to patients, 1890. No report received this year. Last year the Superintendent was Jessie M. Woodbury. Secretary, Charles Cook, M. D., Leonard Morse Hospital, Natick, Mass. Treats all cases except alcoholic, nervous and insane cases.

Newton Hospital, Newton Lower Falls, Mass. Incorporated 1881; opened to patients, 1886. Clerk, Alonzo R. Weed, 149 Park St., Newton, Mass. Number of beds, 150; patients treated last year, 2,050. Treats all cases except alcoholic, nervous and insane cases. Supported by pay of patients, income from funds and donations. Estimated value, $205,700.00.

City Hospital of Quincy, Mass. Incorporated 1889; opened to patients, 1890. This is a general and surgical hospital. No report received for three years. As last reported the Executive Officer was Timothy Reed, Adams St., Quincy, Mass., and Superintendent, Mrs. Blanche Thayer.

Somerville Hospital, Somerville, Mass. Incorporated 1891; opened to patients, 1893. Treats all cases except alcoholic, nervous and insane cases. No report received for two years. As last reported the Superintendent was Mrs. Elizabeth C. Hogle, Somerville Hospital, Somerville, Mass.

Morton Hospital, Taunton, Mass. Incorporated 1888; opened to patients, 1889. Secretary, Martha Perry, M. D., Morton Hospital, Taunton, Mass. Number of beds, 75; number of patients treated last year, 609. Treats all cases excepting alcoholic and insane cases. Supported by pay of patients and the public. Estimated value, $100,000.00.

Minnesota.

Minneapolis City Hospital, Minneapolis, Minn. Not incorporated; opened to patients, 1890. Superintendent, Herbert O. Collins, City Hospital, Minneapolis, Minn. Number of beds, 425. Treats all cases except the insane. Supported by city appropriation. Estimated value, $750,000.00.

City and County Hospital, St. Paul, Minn. Not incorporated; opened to patients, 1872. Treats all cases except small-pox. No report received this year. Last year the Superintendent was Arthur B. Ancher, M. D., City and County Hospital, St. Paul, Minn.

St. Luke's Hospital, St. Paul, Minn. Incorporated 1873; opened to patients, 1873. Treats all cases except alcoholic and insane cases. No report received this year. Last year the Superintendent was Elizabeth Smith, St. Luke's Hospital, St. Paul, Minn.

St. Joseph's Hospital, St. Paul, Minn. Incorporated 1854; opened to patients, 1854. Treats all cases except the insane. No report received for two years. As last reported the Executive Officer was Mother Bernardine, St. Joseph's Hospital, St. Paul, Minn.

New Jersey.

Ann May Memorial Hospital, Spring Lake, N. J. Incorporated 1904; opened to patients, 1904. Executive Officer, Joseph Ackerman, M. D., 417 Summerfield Ave., Asbury Park, N. J. Superintendent, Anna B. Leggat. Number of beds, 60; patients treated last year, 613. Treats all cases except the insane. Supported by pay of patients and contributions. Estimated value, $40,000.00.

New York.

Erie County Hospital, Main St. and City Line, Buffalo, N. Y. Not incorporated; opened to patients, 1894. Superintendent, J. D. Howland, M. D., Erie County Hospital, Buffalo, N. Y. Number of beds, 450; patients treated last year, 2,500. Treats all cases except the insane. Supported by taxation.

Geneva City Hospital, Geneva, N. Y. Incorporated 1892; opened to patients, 1898. Secretary, Chas. W. Mellin, City Hospital, Geneva, N. Y. Number of beds, 62; patients treated last year, 759. Treats all cases excepting alcoholic, nervous and insane cases. Supported by invested funds, pay of patients and subscriptions. Estimated value, $60,000.00.

Ohio.

City Hospital, Cleveland, O. Not incorporated; opened to patients, 1889. Treats all cases. No report received for two years. As last reported the Executive Officer was James W. McAffee, M. D., City Hall, Cleveland, O.

The Huron Road Hospital of Cleveland, O., Huron Road, Cleveland, O. Incorporated 1874; opened to patients, 1874. Secretary, William T. Miller, M. D., 1110 Euclid Ave., Cleveland, O. Number of beds, 100; patients treated last year, 9,000. Treats all cases excepting alcoholic, nervous and insane cases. Supported by endowments, donations and pay of patients. Estimated value, $250,000.00.

Elyria Memorial Hospital, East River St., Elyria, O. Incorporated 1907; opened to patients, 1908. Executive Officer, E. F. Allen, Elyria Hospital, Elyria, O. Number of beds, 72; patients treated last year, 1054. Treats all cases except the insane. Supported by pay of patients and donations. Estimated value, $138,000.00, including Nurses' Home. "We are planning home for sick and crippled children in connection with our hospital."

Miami Valley Hospital, Dayton, O. Incorporated 1890; opened to patients, 1894. Superintendent, E. R. Crew, M. D., Miami Valley Hospital, Dayton, O. Number of beds, 175; patients treated last year, 2,256. Treats all cases except alcoholic and insane cases. Supported by contributions from city and individuals. Estimated value, $500,000.00.

Springfield City Hospital, Springfield, O. Incorporated 1886; opened to patients, 1886. Superintendent, Mary A. Jamison, City Hospital,

Springfield, Mass. Number of beds, 125; patients treated last year, 1,358. Treats all cases except the insane. Supported by endowment, taxes and pay of patients. Estimated value, $200,000.00.

Edmund Johnston Hodson Memorial Hospital, Washington Court House, O. Not incorporated; opened to patients, 1911. Treats all cases except alcoholic, nervous and insane cases. No report received this year. Last year the Superintendent was G. S. Hodson, M. D., Washington Court House, O.

Bethesda Hospital, Zanesville, O. Not incorporated; opened to patients, 1888. Secretary, Mrs. Harriet B. Delaplane, Bethesda Hospital, Zanesville, O. Superintendent, Mary W. Shaw. Number of beds, 32; patients treated last year, 460. Treats all cases except the insane. Supported by pay of patients, city appropriation and donations. Estimated value, $30,000.00. "Considerable charity work."

Pennsylvania.

Beaver Valley General Hospital, New Brighton, Pa. Incorporated 1894; opened to patients, 1895. Secretary, B. R. B. Townsend, Beaver Valley General Hospital, New Brighton, Pa. Number of beds, 60; patients treated last year, 709. Treats all cases except the insane. Supported by pay of patients, donations and state aid. Estimated value, $75,000.00.

Tennessee.

Knoxville General Hospital, Knoxville, Tenn. Incorporated 1899; opened to patients, 1902. Commissioner, George P. McTeer, General Hospital, Knoxville, Tenn. Number of beds, 125; patients treated last year, 1,606. Treats all cases except alcoholic, nervous and insane cases. Supported by pay of patients, city appropriation and interest on endowment.

Vermont.

Brattleboro Memorial Hospital, Brattleboro, Vt. Incorporated 1904; opened to patients, 1904. Treats all cases except the insane. No report received for two years. As last reported the Executive Officer was A. L. Stickney, Memorial Hospital, Brattleboro, Vt.

Virginia.

The Danville General Hospital, 261 Jefferson St., Danville, Va. Incorporated 1884; opened to patients, 1883. President, Mrs. Laura A. Patrick, Broad St., Danville, Va. Number of beds, 75; patients treated last year, 836. Treats all cases except alcoholic, nervous and insane cases. Supported by city appropriation and pay of patients. Estimated value, $60,000.00. Superintendent, Miss C. E. Brian, R. N., General Hospital, Danville, Va.

Wisconsin.

Knowlton Hospital, Milwaukee, Wis. Not incorporated; opened to patients, 1900. Treats all cases except the insane. No report received for four years. As last reported the Executive Officer was Miss Olive B. Knowlton, 830 Sycamore St., Milwaukee, Wis.

SPECIAL AND PRIVATE HOMOEOPATHIC HOSPITALS.

California.

Southern California State Hospital, Patton, San Bernardino County, Cal. Incorporated 1893; opened for patients, 1893. Medical Superintendent, John A. Reily, M. D., California State Hospital, Patton, Cal. Number of beds, 2,000; patients treated last year, 2,500. Treats alcoholic, nervous and insane patients. Supported by State appropriations. Estimated value, $1,600,000.00.

Connecticut.

Norwich State Hospital for the Insane, Preston, Conn. Incorporated, 1903; opened to patients, 1903. This hospital is for the insane only. No report received this year. Last year the Superintendent was H. M. Pollock, M. D., State Hospital, Preston, Conn.

Illinois.

The Kelso Sanatorium and Hospital, Bloomington, Ill. Not incorporated; opened to patients, 1894. This hospital treats all cases except alcoholic and insane cases. No report received this year. Last year the Executive Officer was George B. Kelso, M. D., Bloomington, Ill.

Streeter Hospital, 2646 Calumet Ave., Chicago, Ill. Incorporated 1888; opened to patients, 1888. Superintendent, Mildred R. Winans, 2646 Calumet Ave., Chicago, Ill. Number of beds, 30; patients last year, 506. Treats general, surgical, maternity and nervous cases. Supported by pay of patients. Estimated value, $75,000.00.

Elgin State Hospital, Elgin, Kane Co., Ill. Incorporated 1869; opened to patients, 1872. Superintendent, Ralph T. Hinton, M. D., State Hospital, Elgin, Ill. Number of beds, 1,700; patients treated last year, 2,079. Treats nervous and insane cases only. Supported by state appropriations. Estimated value, $1,350,000.00.

Jacksonville State Hospital, Jacksonville, Ill. Incorporated 1847; opened to patients, 1851. Treats insane cases only. No report received for two years. As last reported the Superintendent was H. B. Carriel, M. D., State Hospital, Jacksonville, Ill.

Watertown State Hospital, Watertown, Ill. Incorporated 1897; opened to patients, 1898. Treats alcoholic, nervous and insane cases. No report received this year. Last year the Superintendent was W. A. Crooks, M. D., State Hospital, Watertown, Ill.

Indiana.

The Runnels Surgical Hospital, 522 N. Illinois St., Indianapolis, Ind. Incorporated 1890; opened to patients, 1890. Executive Officer, O. S. Runnels, M. D., 522 N. Illinois St., Idianapolis, Ind. Number of beds, 20; patients treated last year, 150. Treats all cases except alcoholic and insane cases. Supported by pay of patients. Estimated value, $50,000.00.

Epworth Hospital, South Bend, Ind. Incorporated 1901; opened to patients, 1894. Treats all cases except the insane. No report received for two years. As last reported the Executive Officer was Mrs. B. D. Coon, 625 N. Main St., South Bend, Ind.

Kentucky.

Western State Hospital, Hopkinsville, Ky. Incorporated 1854; opened to patients, 1854. Executive Officer, H. P. Sights, Western State Hospital, Hopkinsville, Ky. Number of beds, 1,250; patients last year, 1,400. Treats alcoholic, nervous and insane cases. Supported by state aid and products of 700 acre farm. Estimated value, $500,000.00.

Eastern State Hospital, Lexington, Ky. Incorporated 1817; opened to patients, 1817. Superintendent, J. A. Goodson, M. D., Eastern State Hospital, Lexington, Ky. Number of beds, 1,225; patients treated last year, 1425. Treats general, surgical, alcoholic, nervous and insane cases. Supported by the state. Estimated value, $800,000.00.

Maine.

Trull Hospital, Biddeford, Me. Incorporated 1903; opened to patients, 1901. Executive Officer, J. Frank Trull, M. D., Biddleford, Me. Number of beds, 35; patients treated last year, 440. Treats all cases

except alcoholic and insane cases. Supported by pay of patients. Estimated value, $40,000.00.

Hanscom's Hospital, Rockland, Me. Superintendent, W. V. Hanscom, M. D., Rockland, Me. No further information; received same through Dr. Harry F. Morin, Bath, Me.

Massachusetts.

Burrage Hospital, Bumkin Island, Boston Harbor, Mass. This is a private charity of A. C. Burrage and is open only during the summer. Capacity, 125. No further report received for four years.

Cullis' Consumptives' Home, 560 Blue Hill Ave., Grove Hall Station, Boston, Mass. Incorporated 1871; opened to patients, 1864. Executive Officer, Rev. E. D. Mallory, 560 Blue Hill Ave., Boston, Mass. Number of beds, 40; patients treated last year, 67. This is a consumptive hospital. Supported by legacies, contributions and small endowment fund. Estimated value, $183,427.00.

Talitha Cumi Maternity Home of the New England Reform Society, 215 Forest Hills St., Jamaica Plain, Mass. Incorporated 1846; opened to patients, 1836. Secretary, Mrs. Charles A. Proctor, 215 Forest Hills St., Jamaica Plain, Mass. Number of beds, 37; patients treated last year, 113. This is a maternity hospital. Supported by voluntary contributions and pay of some patients. "The girls are received into the home for two months or more before confinement and stay for one month after delivery. The Home is for unmarried girls with their first child."

Morse House, Salem, Mass. Not incorporated; opened to patients in 1904. Discontinued since April, 1912, on account of ill health of Dr. Chas. W. Morse.

Westborough State Hospital, Westboro, Mass. Incorporated 1886; opened to patients, 1886. Superintendent, Harry O. Spalding, M. D., State Hospital, Westboro, Mass. Number of beds, 1260; patients treated last year, 1810. Treats alcoholic, nervous and insane cases. Supported by pay of patients. Estimated value, $954,926.00.

Michigan.

Ionia State Hospital, Ionia, Mich. Incorporated 1883; opened to patients, 1885. Treats insane cases only. No report received this year. Last year the Superintendent was Oscar R. Long, M. D.,. State Hospital, Ionia, Mich.

Minnesota.

Fergus Falls State Hospital, Fergus Falls, Minn. Incorporated 1887; opened to patients, 1890. Superintendent, George O. Welch, M. D.,. State Hospital, Fergus Falls, Minn. Number of beds, 1,650; patients treated last year, 2,134. Treats insane cases only. Supported by legislative appropriation. Estimated value, $1,250,000.00.

The Maternity Hospital, 2201 Western Ave., Minneapolis, Minn. Incorporated 1887; opened to patients, 1886. Treats general and surgical cases as well as maternity cases. No report received this year. Last year the Superintendent was Margaret H. Beeler, M. D., 2201 Western Ave., Minneapolis, Minn.

Cobb Hospital, 2056 Iglehart Ave., St. Paul, Minn. Incorporated 1905; opened to patients, 1902. This is a general hospital. No report received this year. Last year the Executive Officer was Sheridan G. Cobb, M. D., 366 Prior Ave., St. Paul, Minn.

New York.

Brooklyn Nursery and Infants' Hospital, 396 Herkimer St., Brooklyn, N. Y. Incorporated 1871; opened to patients, 1890. Chief of Staff, E. Rodney Fiske, M. D., 1172 Dean St., Brooklyn, N. Y. Number of

beds, 50; patients treated last year, 180. Treats general and surgical cases only. Supported by city for committed children, contributions and entertainments, etc. Estimated value, $80,000.00.

Geneva Hygienic Institute, Geneva, N. Y. Not incorporated; opened to patients, 1854. Superintendent, Mrs. Alice S. Knapp, Hygienic Institute, Geneva, N. Y. Treats general, alcoholic and nervous cases. No fuller report received.

Gowanda State Homoeopathic Hospital, Collins, Erie Co., N. Y. Incorporated 1894; opened to patients, 1898. Superintendent, Daniel H. Arthur, M. D., Gowanda State Hospital, Collins, N. Y. Number of beds, 1,122; patients treated last year, 1,334. This is for insane cases only. Supported by state and pay of patients. Estimated value, $1,000,000.00.

Middletown State Homoeopathic Hospital, Middletown, N. Y. Incorporated 1870; opened to patients, 1874. Executive Officer, Maurice C. Ashley, M. D., State Hospital Middletown, N. Y. Number of beds, 2,020; patients treated last year, 2,262. Treats insane cases only. Supported by state appropriation and pay of patients. Estimated value, $1,695,000.00.

New York Ophthalmic Hospital, 201 East 23rd St. New York, N. Y. Incorporated 1852; opened to patients, 1852. Secretary, Mr. James W. Arthur, 111 Liberty St., New York, N. Y. Number of beds, 80: patients treated last year, 1,174, indoor department; 13,224, outdoor department. Treats eye, ear and throat exclusively. Supported by voluntary contributions and rentals. Estimated value, $120,000.00. Executive Surgeon, Edwin S. Munson, M. D.

The Lee Private Hospital, 179 Lake Ave., Rochester, N. Y. Incorporated 1898; opened to patients, 1898. Executive Officer, John M. Lee, M. D., 179 Lake Ave., Rochester, N. Y. Number of beds, 56. Treats all cases except the insane. Supported by pay of patients. Estimated value, $162,000.00.

Ohio.

The Maternity Hospital, 3735 Cedar Ave., Cleveland, O. Incorporated 1892; opened to patients, 1892. Executive Officer, Mrs. H. B. Cody, Norfolk Road, Euclid Heights, Cleveland, O. Number of beds, 35; patients treated last year, 387. Treats maternity cases only. Supported by pay of patients, dues and donations. Estimated value, $30,000.00.

Dorcas Invalids' Home for Incurables, Cleveland, O. Incorporated 1862; opened to patients, 1867. Executive Officer, Mrs. J. A. Benton, 2845 Scarborough Road, Cleveland, O. Number of beds, 60; patients treated last year, 75. This hospital is for the care and treatment, mostly, of aged women who are unable to care for themselves. Supported by endowment, bequests and life membership fees. Estimated value, $75,000.00 to $100,000.00. Attending Physician, H. W. Richmond, M. D.

Columbus Homoeopathic Hospital, 310 West 6th Ave., Columbus, O., is no longer in business.—C. E. Silbernagel.

Dr. Cole's Private Hospital, 311 Main St., Conneaut, O. Not incorporated; opened to patients, 1897. Treats all cases except the insane. No report received this year. Last year the Executive Officer was George H. Cole, M. D., 313 Main St., Conneaut, O.

Dr. Barnhill's Private Hospital and Sanatorium, Findlay, O. Not incorporated; opened to patients, 1894. Executive Officer, Tobias G. Barnhill, M. D., Findlay, O. Number of beds, 20; patients treated last year, 65. Treats all cases except the insane. Supported by pay of patients. Estimated value, $30,000.00.

Pennsylvania.

Homoeopathic State Hospital for the Insane, Allentown, Pa. Incorporated 1901; opened to patients, 1912. Superintendent, Henry I. Klopp, M. D., State Hospital, Allentown, Pa. Number of beds, 1,000; patients treated last year, 1,033. Treats alcoholic, insane and, if private, habit and nervous cases. Supported by state appropriation, counties and districts and pay of patients. Estimated value, $1,931,270.

Philadelphia Home for Infants, 4618 Westminster Ave., Philadelphia, Pa. Incorporated 1873; opened for patients, 1873. Executive Officer, E. G. Whinna, M. D., 320 North 41st St., Philadelphia, Pa. Number of beds, 54; patients treated last year, 125. Treats infants only. Supported by donations, bequests, state appropriation and pay of patients. Estimated value, $25,000.00.

Utah.

Bingham Hospital, Bingham, Utah. Incorporated 1905; opened to patients, 1905. Executive Officer, F. E. Straup, M. D., Bingham Hospital, Bingham, Utah. Number of beds, 10. Treats all cases except alcoholic, nervous and insane cases; emergency work only. Supported by mining companies. Estimated value, $8,000.00.

SPECIAL AND PRIVATE HOSPITALS IN WHICH BOTH SCHOOLS OF PRACTICE ARE ALLOWED.

Kentucky.

Pattie A. Clay Infirmary, Glyndon Ave., Richmond, Ky. Incorporated 1893: opened to patients, 1893. Secretary, Mrs. A. J. Suit, Pattie A. Clay Infirmary, Richmond, Ky. Number of beds, 15; patients treated last year, 139. Treats all cases except the insane, supported by city and county appropriations, pay of patients and entertainments. Estimated value, $7,500.00.

Deaconess Hospital, Louisville, Ky. Dr. George S. Coon, 588 Fourth Ave., Louisville, Ky. No further information received this year.

Massachusetts.

Whidden Memorial Hospital, Corner Lawrence St. and Fremont Ave., Everett, Mass. Not incorporated; opened to patients, 1897. Secretary, George E. Whitehill, M. D.,. 516 Broadway, Everett, Mass. Number of beds, 17; patients treated last year, 278. Treats all cases except alcoholic, nervous and insane cases. Supported by city appropriations, subscriptions and pay of patients. Estimated value, $10,000.00.

Addison Gilbert Hospital, Gloucester, Mass. Incorporated 1889; opened to patients, 1897. Secretary, Fred A. Shackelford, Addison Gilbert Hospital, Gloucester, Mass. Number of beds, 30; patients treated last year, 336. Treats all cases except alcoholic, insane and contagious cases. Supported by pay of patients.

Union Hospital, Linwood Road, West Lynn, Mass. Incorporated 1900; opened to patients, 1901. Superintendent, James H. Grant, M. D., Lynn, Mass. Number of beds, 38; patients treated last year, 720. Treats all cases except alcoholic, nervous and insane cases. Supported by pay of patients. Estimated value, $35,000.00. "We have a 37 room building in progress which we expect to use January, 1914."

Melrose Hospital, Melrose, Mass. Incorporated 1893; opened to patients, 1893. Superintendent, Miss M. J. Cook, Melrose Hospital, Melrose, Mass. Number of beds, 42; patients treated last year, 381. Treats all cases except alcoholic, nervous and insane cases. Supported by pay of patients and donations. Estimated value, $120,000.00.

Milford Hospital, Milford, Mass. Incorporated 1900; opened to patients, 1894. Treats all cases except alcoholic, nervous and insane cases. No report received for two years. As last reported the Clerk was Joseph E. Hickey, Milford, Mass.

New England Baptist Hospital, Parker Hill Ave., Boston, Mass. Incorporated 1893; opened to patients, 1893. Superintendent, Miss Emma A. Anderson, Boston, Mass. Number of beds, 45 (in summer an addition of 12 tent beds); patients treated last year, 700. Treats all cases except alcoholic, nervous and insane cases. Supported by contributions from individuals and Baptist churches, and pay of private patients. Estimated value, $50,000.00.

The Jordan Hospital, Plymouth, Mass. Incorporated 1901; opened to patients, 1903. Treasurer, William W. Brewster, Jordan Hospital, Plymouth, Mass. Number of beds, 20; patients treated last year, 377. Treats all cases except alcoholic, nervous and insane cases. Supported by dues of members, contributions and income from investments. Estimated value, $30,000.00.

Leander M. Haskins Hospital, Rockport, Essex Co., Mass. Not incorporated; opened to patients, 1906. Treats all cases except the insane. No report received this year. Last year the Secretary was Hon. J. Loring Woodfall, Rockport, Mass.

Wesson Maternity Hospital, Springfield, Mass. Incorporated 1906; opened to patients, 1908. Secretary, George C. McClean, M. D., Wesson Maternity Hospital, Springfield, Mass. Number of beds, 45; patients treated last year, 626. Treats maternity cases only. Supported by endowment and pay of patients. Estimated value, $250,000.

Waltham Hospital, Hope Ave., Waltham, Mass. Incorporated 1885; opened to patients, 1887. Treats all cases except alcoholic and insane cases. No report received this year. Last year the Executive Officer was C. J. McCormick, M. D., 825 Main St., Waltham, Mass.

Michigan.

Union Benevolent Association Hospital, Grand Rapids, Mich. Incorporated 1873; opened to patients, 1877. Superintendent, Ida M. Barrett, Union Benevolent Association Hospital, Grand Rapids, Mich. Number of beds, 70; patients treated last year, 1,500. Treats all cases except alcoholic, nervous and insane cases. Supported by contributions, endowment fund and pay of patients. Estimated value, $150,000.00.

Borgess Hospital, Kalamazoo, Mich. Incorporated 1889; opened to patients, 1889. Treats all cases except the insane. No report received for two years. As last reported the Executive Officer was Sister N. Elizabeth Vary, Kalamazoo, Mich.

New York.

Prospect Heights Hospital and Brooklyn Maternity and New York State School for Training Nurses, 775 Washington Ave., Brooklyn, N. Y. Incorporated 1871; opened to patients, 1870. President, Mrs. Robert Shaw, 343 Carlton St., Brooklyn, N. Y. Number of beds, 50; patients treated last year, 936. Treats all cases except alcoholic, nervous and insane cases. Supported by contributions and pay of patients. Estimated value, $60,000.00.

Women's Christian Association Hospital, Jamestown, N. Y. Incorporated 1877; opened to patients, 1877. Treats all cases except the insane. No report received for two years. As last reported the Executive Officer was Mrs. Charles C. Wilson, Jamestown, N. Y.

Ohio.

Dalrymple Hospital, 1948 East 101th St., Cleveland, O. Not incorporated; opened to patients, 1904. Executive Officer, Miss Elizabeth

Dalrymple Gourlay, 1948 East 101st St., Cleveland, O. Number of beds, 15; patients treated last year, 204. Treats all cases except alcoholic, insane and maternity cases. Supported by pay of patients. Estimated value, $25,000.00.

The Eddy Road Hospital, 629 Eddy Road, Cleveland, O. Incorporated 1911; opened to patients, 1910. Treats all cases except contagious and insane cases. No report received for two years. As last reported the Manager was W. H. Loomis, M. D., 631 Eddy Road, Cleveland, O.

Glenville Hospital, 701 Parkwood Drive, Cleveland, O. Incorporated 1907; opened to patients, 1907. Secretary, H. DeM. Fowler, M. D., 779 East 152nd St., Cleveland, O. Number of beds, 85; patients treated last year, 1,840. Treats all cases except contagious and insane cases. Supported by pay of patients. Estimated value, $60,000.00.

Chillicothe Emergency Hospital, Chillicothe, O. Not incorporated; opened to patients, 1893. Treats all medical and surgical emergency cases. No report received for three years. As last reported the Matron was Miss Elizabeth Scott, Emergency Hospital, Chillicothe, O.

HOMOEOPHATIC SANATORIA.

California.

Florence N. Ward Sanatorium, San Francisco, Cal. Not incorporated; opened to patients, 1911. Matron, Mrs. L. B. LeWarne, 1195 Bush St., San Francisco, Cal. Number of beds, 30. Treats all cases except alcoholic, nervous and insane cases. Estimated value, $115,000.

Dr. F. H. Bangs' Sanatorium for Gynecological and Rectal Surgery, San Jose, Cal. No report received for four years. As last reported the Executive Officer was Frederick H. Bangs, M. D., San Jose, Cal.

Canada.

Mount Royal Sanatorium, Dominion Square, Montreal, Canada. Incorporated 1902; opened to patients, 1902. Treats all cases except insane and tuberculosis cases. No report received this year. Last year the Executive Officer was H. M. Patton, M. D., Montreal, who died Sept. 5, 1913.

Connecticut.

Crest View Sanatorium, Greenwich, Conn. Incorporated 1894; opened to patients, 1904. Secretary, E. B. Hitchcock, Crest View, Greenwich, Conn. Number of beds, 30. Treats general, nervous and rheumatic cases. Supported by pay of patients.

Dr. E. L. Style's Hospital, New Britain, Conn. Incorporated 1896; opened to patients, 1896. Treats all cases except the insane. No report received for two years. As last reported the Executive Officer was Waterman Lyon, M. D ,New Britain, Conn.

Dr. Wadsworth's Sanatorium, South Norwalk, Conn. Not incorporated; opened to patients, 1904. Treats alcoholic and drug patients, nervous and mild mental cases. No report received this year. Last year the Executive Officer was Alvin D. Wadsworth, M. D., South Norwalk, Conn.

Dr. Given's Sanatorium, Stamford, Conn. Not incorporated; opened to patients, 1891. Executive Officer, Amos J. Givens, M. D., Stamford, Conn. Number of beds, 250. Treats nervous and mental cases, and alcoholic and drug patients.

Dr. Vail's Sanatorium, Enfield St., Thompsonville, Conn. Incorporated 1890; opened to patients, 1890. Executive Officer, Edwin S. Vail, M. D., Thompsonville, Conn. Number of beds, 52. Treats alcoholic, nervous and insane cases. Supported by pay of patients. Estimated value, $125,000.00.

Illinois.

Garfield Park Sanatorium, Chicago, Ill., 3813 Washington Blvd., Chicago, Ill. Incorporated 1893; opened to patients, 1893. Treats all cases. Supported by pay of patients. Executive Officer, Hugh P. Skiles, M. D., 3813 Washington Blvd, Chicago, Ill.

Skiles' Orificial Sanatorium, 963 West Monroe St., Chicago, Ill. Not incorporated; opened to patients, 1894. No report received this year. Last year the Executive Officer was Hugh P. Skiles, M. D., 963 W. Monroe St., Chicago, Ill.

Maryland.

Carroll Springs Sanatorium, Forest Glen, Md. Not incorporated; opened to patients,1886. Executive Officer, George H. Wright, M. D., Forest Glen, Md. Number of beds, 35; patients treated last year, 160. Treats general, maternity and nervous cases. Supported by pay of patients. Estimated value, $75,000.00.

Massachusetts.

Arlington Health Resort and Ring Sanatorium, Arlington Heights, Mass. Not incorporated; opened to patients, 1879. Executive Officer, Arthur H. Ring, M. D., 223 Park Ave., Arlington Heights, Mass. Number of beds, 50; patients treated last year, 120. Treats general, alcoholic, nervous and insane cases. Estimated value, $60,000.00.

The Douglas Sanatorium, 321 Center St., Dorchester, Mass. Not incorported; opened to patients, 1903. Executive Officer, Charles J. Douglas, M. D., 321 Center St., Dorchester, Mass. Number of beds, 20. Treats alcoholic and nervous cases, as well as those addicted to the morphine habit. Supported by pay of patients.

Framingham Nervine, 39-43 Winter St., Framingham, Mass. Not incorporated; opened to patients, 1896. Executive Officer, Ellen L. Keith, M. D., 43 Winter St., Framingham, Mass. Number of beds, 18; patients treated last year, 27. Treats general nervous and mild mental cases; also patients needing simply rest and care. Supported by pay of patients.

Woodside Cottages, Framingham, Mass. Not incorporated; opened for patients, 1900. Executive Officer, Frank W. Patch, M. D., Framingham, Mass. Number of beds, 25; patients treated last year, 65. Treats chronic and nervous cases. Supported by pay of patients.

Dr. Reeves' Nervine, 283 Vintin St., Melrose Highlands, Mass. Incorporated 1904; opened to patients, 1903. Executive Officer, Harriet E. Reeves, M. D., 283 Vintin St., Melrose Highlands, Mass. Number of beds, 15; patients treated last year, 30. Treats all cases except surgical and maternity cases. Supported by pay of patients. Estimated value, $15,000.00.

Highland Hall, Newton Highlands, Mass. Not incorporated; opened to patients, 1895. Treats nervous and mild mental cases. No reports received this year. Last year the Superintendent was S. L. Eaton, M. D., Newton Highlands, Mass.

Locust Grove Sanatorium, Sandwich, Mass. Incorporated 1895; opened to patients, 1895. Treats nervous and insane cases. No report received this year. Last year the Superintendent was Alice R. Cooke, Sandwich, Mass.

Buscall Nursing Home, 235 Pine St., Springfield, Mass. Not incorporated; opened to patients, 1890. Executive Officer, Isaac Buscall, 235 Pine St., Springfield, Mass. Number of beds, 19. Treats all cases except the insane. Supported by pay of patients.

Greystone Towers Sanatorium, West Bridgewater, Mass. Not incorporated; opened to patients, 1905. Superintendent, Ellis S. Le Lacheur, M. D., West Bridgewater, Mass. Number of beds, 12. Treats

surgical, maternity, nervous and convalescent cases. Supported by pay of patients. Estimated value, $15,000.00.

Newton Sanatorium, West Newton, Mass. Not incorporated; opened to patients, 1894. Executive Officer, N. Emmons Paine, M. D., West Newton, Mass. Number of beds, 1. Treats insane cases only. Supported by pay of patients. "The Sanatorium was planned and built as a home for one patient and nurse, with six rooms and bath."

Wellesley Nervine, Grove St., Wellesley, Mass. Not incorporated; opened to patients, 1897. Superintendent, Edward H. Wiswall, M. D., Wellesley, Mass. Number of beds, 30; patients treated last year, 60. Treats alcoholic, nervous and insane cases. Supported by pay of patients. Estimated value, $60,000.00.

Michigan.

Andrew B. Spinney Sanatorium Co., Smyrna, Ionia Co., Mich. Incorporated 1904; opened to patients, 1910. Executive Officer, Henry G. Ide, M. D., Smyrna, Mich. Number of beds, 40; patients treated last year, 103. Treats surgical, maternity, alcoholic, nervous and insane cases. Supported by pay of patients. Estimated value, $6,000.00.

Hopewell House, 130 Champion St., Battle Creek, Mich. Not incorporated; opened to patients, 1907. Treats general and nervous cases only. No report received this year. Last year the Executive Officer was Elizabeth Corwin, M. D., 130 Champion St., Battle Creek, Mich.

Minnesota.

The Lawrence Sanatorium, 820 East 17th St., Minneapolis, Minn. Incorporated 1908; opened to patients, 1890. Secretary, Mr. H. M. Lawrence, 820 East 17th St., Minneapolis, Minn. Number of beds, 75; patients treated last year, 500. Treats all cases except maternity and insane cases. Supported by pay of patients. Estimated value, $150,000.00.

Missouri.

Elliott Sanatorium and Hospital, 501 Highland Ave., Kansas City, Mo. Incorporated 1909; opened to patients, 1909. Treats alcoholic nervous and insane cases. No report received this year. Last year the Executive Officer was Charles S. Elliott, M. D., 501 Highland Ave., Kansas City, Mo.

Nebraska.

Green Gables, Dr. Benjamin F. Bailey Sanatorium, Lincoln, Neb. Incorporated 1901; opened to patients, 1901. Executive Officer, Benj. F. Bailey, M. D., 141 South 12th St., Lincoln, Neb. Number of beds, 100; patients treated last year, 500. Treats all medical, surgical and maternity cases, with a special department and separate buildings for alcoholic, nervous and mental cases. Supported by pay of patients. Estimated value, $150,000.00.

New Jersey.

Hahnemann Hall Sanatorium, Pacific and Park Aves., Atlantic City, N. J. Incorporated, 1906; opened to patients, 1908. Executive Officer, Alfred W. Baily, M. D., Hahnemann Hall, Atlantic City, N. J. Number of beds, 25. Treats general, surgical and nervous cases. Supported by pay of patients. Estimated value, $60,000.00.

Plainfield Sanatorium, Plainfield, N. J. Not incorporated; opened to patients, 1889. No report received for three years. As last reported the Executive Officer was Justus H. Cooley, M. D., 122 Westervelt Ave., Plainfield, N. J.

New York.

The Bethesda Sanatorium, 926-954 St. Mark's Ave., Brooklyn, N. Y. Incorporated 1894; opened to patients, 1894. President, Almira B.

Smith, 952-954 St. Mark's Ave., Brooklyn, N. Y. Number of beds, 46. Treats general, alcoholic and nervous cases. Supported by pay of patients. Estimated value, $20,000.00.

Muncie Sanatorium, 117-119 Macon St., Brooklyn, N. Y. Not incorporated; opened to patients, 1895. Executive Officer, Elizabeth H. Muncie, M. D., 119 Macon St., Brooklyn, N. Y. Number of beds, 30; patients treated last year, 370. Supported by pay of patients. Estimated value, $60,000.00

The Willis Sanatorium, 374 Ocean Parkway, Brooklyn, N. Y. Not incorporated; opened to patients, 1901. Treats chronic and incurable, maternity and mild alcoholic cases. Supported by pay of patients. Superintendent, Miss E. E. Ward, 374 Ocean Parkway, Brooklyn, N. Y.

Dr. Emma Sabin Sherman's "Elmwood Heights" Sanatorium, East Aurora, N. Y. Opened to patients, 1912; not incorporated. Superintendent, Miss E. M. Jones, 45 Elmwood Ave., East Aurora, N. Y. Number of beds, 12. Treats general and nervous and maternity cases. Supported by pay of patients. Estimated value, $10,000.00.

Interpines Sanatorium, Goshen, N. Y. Incorporated 1890; opened to patients, 1890. Executive Officer, Frederick W. Seward, M. D., Goshen, N. Y. Number of beds, 56. Disorders of the nervous system a specialty. Supported by pay of patients.

Eden Home for Convalescents, Forest Park, South, Long Island, N. Y. Not incorporated; opened to patients, 1901. Executive Officer, Samuel Eden, M. D., Forest Park, S., Long Island, N. Y. Number of beds, 6; patients treated last year, 50. This is a convalescent home. Supported by pay of patients. Estimated value, $8,000.00. "A large amount of charity work is done of which no record is kept."

Ayres Homoeopathic Sanatorium, 68 Philadelphia St., Saratoga, N. Y. Not incorporated; opened to patients, 1888. Executive Officer, Emma F. M. Ayres, M. D., 68 Philadelphia St., Saratoga, N. Y. Number of beds, 8. Treats all cases except alcoholic and insane cases. Estimated value, $8,000.00. "Closed for two years on account of ill health of Dr. Ayres."

Ohio.

The Sawyer Sanatorium, White Oaks Farm, Marion, O. Not incorporated; opened to patients, 1911. Executive Officers, Drs. C. E. and Carl W. Sawyer, White Oaks Farm, Marion, O. Number of beds, 100; patients treated last year, 500. Treats all cases except maternity cases. Supported by pay of patients. Estimated value, $200.000.

Oklahoma.

Dr. David Gaede's Sanatorium, Weatherford, Okla. Incorporated 1905; opened to patients, 1905. Executive Officer, David Gaede, M. D., Weatherford, Okla. Number of beds, 12; patients treated last year, 300. Treats all cases except alcoholic. Supported by pay of patients. Estimated value, $5,000.00.

Pennsylvania.

Easton Sanatorium, Easton, Pa. Incorporated 1894; opened to patients, 1894. Treats alcoholic, nervous and insane cases. No report received this year. Last year the Executive Officer was C. Spencer Kinney, M. D., Easton, Pa.

Grand-View Sanatorium, Sellersville, Pa. Incorporated 1913; opened to patients, 1907. Physician in charge, James P. Pursell, M. D., Grand-View, Sellersville, Pa. Number of beds, 17; patients treated last year, 36. Treats all cases except the insane. Supported by donations and pay of patients. Estimated value, $28,000.00. "The maternity and hospital are separate from the main sanatorium building."

The Walter Sanatorium, Walter's Park, Pa. Incorporated 1907; opened to patients, 1876. Executive officer, Robert Walter, M. D., Walter's Park, Pa. Number of beds, 175; patients treated last year, about 500. Treats all cases except surgical and insane cases. Supported by pay of patients. Estimated value, $200,000.00.

Vermont.

The Sparhawk Sanatorium, Burlington, Vt. Not incorporated; opened to patients, 1887. "The sanatorium closed February 1, 1911, on account of ill health of the proprietor."

Wisconsin.

Pennoyer Sanatorium, Kenosha, Wis. Incorporated 1889; opened to patients, 1887. No report received for two years. As last reported the Executive Officer was Nelson A. Pennoyer, M. D., Kenosha, Wis.

SANATORIA IN WHICH BOTH SCHOOLS OF PRACTICE ARE EMPLOYED.

Connecticut.

Dr. Barnes Sanatorium, Stamford, Conn. Incorporated 1894; opened to patients, 1894. Executive Officer, F. H. Barnes, M. D., Stamford, Conn. Number of beds, 75. Treats all cases except surgical and maternity cases. Supported by pay of patients.

Indiana.

Mudlavia Sanatorium, Kramer, Ind. Incorporated 1890; opened to patients, 1890. Executive Officer, R. B. Kramer, Kramer, Ind. Number of beds, 200; patients treated last year, 3,000. Treats all general, medical and nervous cases only. Supported by pay patients. Estimated value, $450,000.00. "Our work is confined to special lines peculiar to itself, and no single system of medicine is recognized to the exclusion of others."

Massachusetts.

Rutland State Sanatorium, Rutland, Mass. Incorporated 1895; opened to patients, 1898. Superintendent, Elliott Washburn, M. D., State Sanatorium, Rutland, Mass. Number of beds, 355; patients treated last year, 529. Treats Tuberculosis only. Supported by state appropriation and some paying patients. Estimated value, $500,000.00.

New Jersey.

Galen Hall, Atlantic City, N. J. Incorporated 1900; opened to patients, 1894. Secretary, Mr. S. L. Kinsell, Galen Hall, Atlantic City, N. J. Number of beds, 300; patients treated last year, 2,500. Treats all cases except maternity and insane cases. Supported by pay of patients and from hotel attached. Estimated value, $250,000.00. "Our institution is a sanatorium and hotel." Physician—E. T. Wright, M. D.

INSTITUTIONS IN WHICH HOMOEOPATHY IS EMPLOYED.

California.

Maria Kip Orphanage, 520 Lake St., San Francisco, Cal. Incorporated 1870; opened to patients, 1890. Secretary, Mrs. A. C. Rains, 520 Lake St., San Francisco, Cal. Number of beds, 85. Supported by small endowment and charity.

San Francisco Nursery for Homeless Children, 14th Ave. and Lake St., San Francisco, Cal. Incorporated 1892; opened to inmates, 1878. No report received this year. Last year the Executive Officer, Mrs.

J. Pertz, 14th Ave., and Lake St., San Francisco, Cal. Delegate, Guy E. Manning, M. D.

Colorado.

Belle Lennox Nursery, West 37th Ave. and Boulevard E., Denver, Col. Not incorporated; opened to inmates, 1897. Executive Officer, Rev. A. C. Peck, 1046 Ogden Ave., Denver, Col. No report received for two years.

Illinois.

Chicago Foundlings' Home, 15 S. Wood St., Chicago, Ill. Superintendent, Miss Frances C. Shipman, 15 S. Wood St., Chicago, Ill. Number of beds, 90; cared for 402 last year. Supported by voluntary contributions and small endowment fund. Estimated value, $40,000.00.

Illinois Masonic Orphans' Home, La Grange, Ill. Incorporated 1884; opened to inmates, 1911. President, Ralph H. Wheeler, M. D., 8 N. State St., Chicago, Ill. Number of beds, 100; patients treated last year, 85. Supported by Grand Lodge, A. F. and A. M. of Illinois. Estimated value, $150,000.00.

Chicago Home for the Friendless, 5059 Vincennes Ave., Chicago, Ill. Incorporated 1859; opened to inmates, 1859. Superintendent, Miss Anna Helbing, 5059 Vincennes Ave., Chicago, Ill. Number of beds, 450; patients treated last year, 1675. Supported by donations and partial endowment. Attending physician, Agnes V. Fuller, M. D.

The Sarah Hackett Stephenson Memorial Home, 3040 Calumet Ave., Chicago, Ill. Incorporated 1893; opened to inmates, 1894. No report received for two years. As last reported the President was Mrs. Frederick Dickinson, 562 Bryant Ave., Chicago, Ill. Attending physician, Christine Bergolth, M. D.

Indiana.

Old Ladies' Home, 704 E. Main St., New Albany, Ind. Not incorporated; opened to inmates, 1873. Executive Officer, Mrs. William S. Culbertson, 1469 Fourth Ave., Louisville, Ky. Number of beds, 11. Supported by endowment fund. Estimated value, $40,000.00. Attending physician, G. Oscar Erni, M. D. "This is a private charity of Wm. S. Culbertson, a New Albany banker."

Iowa.

Home for the Friendless, Cedar Rapids, Ia. Incorporated 1886; opened to inmates, 1884. No report received for three years. As last reported the Secretary was Mrs. P. F. Parks, 530 S. 6th St., Cedar Rapids, Ia. Delegate, Chas. H. Cogswell, M. D.

Iowa School for the Deaf, Council Bluffs, Ia. Incorporated 1878; opened to inmates, 1856. Superintendent, Henry W. Rothert, Council Bluffs, Ia. Number of beds, 300. Supported by state appropriation. Estimated value, $500,000.00. Attending physician, Alfred P. Hanchett, M. D.

Benedict Home, Fort Dodge, Ia. Incorporated 1882; opened to patients, 1882. Superintendent, Mrs. Minnie Townley, Benedict Home, Ft. Dodge, Ia. Number of beds, 27; patients treated last year, 26 girls; 19 babies. Supported by endowment and donations. Estimated value, $30,000.00.

Des Moines Home for Friendless Children, 2018 High St., Des Moines, Ia. Incorporated 1887; opened to inmates, 1886. Secretary, Mrs. E. H. Carter, 1437 Woodland Ave., Des Moines, Ia. Number of beds, 56. Supported by donations, bequests, and small fee from parent or guardian. Delegate, Alexander M. Linn., M. D.

Kansas.

Soldiers' Orphan Home, Atchison, Kan. Incorporated 1887; opened to inmates, 1889. Superintendent, Mrs. E. K. Bumes, Soldiers' Orphan

Home, Atchison, Kan. Number of beds, 300. Supported by state appropriations. Estimated value, $250,000.00. "This was originally intended for orphans of old soldiers but the state legislature turned it into the Orphan Home of the State."

Missouri.

Margaret Klock Armour Memorial Home for Aged Couples, Tracy Ave. and 22nd St., Kansas City, Mo. Not incorporated; opened to inmates, 1905. No report received this year. Last year the Secretary was Mrs. A. S. Haines, 4117 Warwick Boulevard, Kansas City, Mo.

Girls' Industrial Home, 5501 VonVersen Ave., St. Louis, Mo. Not incorporated; opened to inmates, 1854. No report received for three years. As last reported the Executive Officer was Mrs. A. A. Hendel, 5501 VonVersen Ave., St. Louis, Mo.

New Jersey.

Bethany Home for the Aged, Irvington, N. J. Incorporated 1901; opened to inmates, 1900. Executive Officer, Carl H. Wintsch, M. D., 188 Fairmount Ave., Newark, N. J. Number of beds, 6 in hospital, 80 in home. Patients treated last year, 81. Supported by voluntary contributions.

Baptist Home for the Aged, 285 Roseville Ave., Newark, N. J. Incorporated 1891; opened to inmates, 1891. Secretary, Miss A. J. Sutphen, 64 Elizabeth Ave., Newark, N. J. Number of beds, 47; patients treated last year, 10. Supported by the Baptist churches in New Jersey. Estimated value, $80,000.00.

Children's Home Association, Jackson and Westervelt Aves., N. Plainfield, N. J. Incorporated 1878; opened to inmates, 1877. No report received for two years. As last reported the Secretary was Mrs. E. E. Parvin, 1202 Watchung Ave., Plainfield, N. J.

New York.

Albany House of Shelter, 52 Howard St., Albany, N. Y. Incorporated 1890; opened to patients, 1868. Secretary, Mrs. L. E. Eames, 52 Howard St., Albany, N. Y. Number of beds, 25; patients treated last year, 83. Supported by commitments and contributions. Estimated value, $30,000.00.

Ingleside Home for Reclaiming the Erring, 70 Harvard Place, Buffalo, N. Y. Incorporated 1869; opened to inmates, 1869. President, Mrs. W. Bowen Moore, 162 Highland Ave., Buffalo, N. Y. Number of beds, 70. Supported by city and county appropriation, private subscriptions and donations. Estimated value, $100,000.00.

Asylum for Half Orphan and Destitute Children, 110 Manhattan Ave., New York, N. Y. Incorporated 1835; opened to inmates, 1835. No report received this year. Last year the Secretary was Mrs. James P. Wheeler, 433 West 117th St., New York, N. Y.

Ohio.

Cincinnati Orphan Asylum, Cottage Hospital, Wellington Place, Mt. Auburn, Cincinnati, O. Incorporated 1832; opened to inmates, 1833. Superintendent, Miss Mary C. Thompson, Cincinnati Orphan Asylum, Cincinnati, O. Number of beds, 100 in asylum; 20 in cottage hospital; 10 in new baby ward. Supported by endowments and contributions. Estimated value, $300,000.00.

The Protestant Home for the Friendless and Foundlings, 433 W. Court St., Cincinnati, O. Incorporated 1860; opened to patients, 1855. President, W. S. Dickinson, 433 W. Court St., Cincinnati, O. Number of beds, 30; inmates treated last year, 460. Supported by endowment and public contributions. Estimated value, $35,000.00.

Eliza Jennings' Home for Incurables, Cleveland, O. Not incorporated; opened to inmates 1868. No report received for four years. As last reported the Executive Officer was Mrs. Charles Presley, 1899 East 79th St., Cleveland, O. Delegate, Geo. R. Wilkins, M. D., 9806 Madison Ave., Cleveland, O.

Home for Aged Women, 2206 East 46th St., Cleveland, O. Not incorporated; opened to inmates, 1876. Superintendent, Mrs. J. P. Greene, 2206 East 46th St., Cleveland, O. Number of beds, 38. Supported by endowment, entrance fees and donations. Estimated value, $60,000.00. Attending physician, J. Richey Horner, M. D.

The A. M. McGregor Home for Aged Men and Women, Cor. Lee and Terrace Roads, East Cleveland, O. Incorporated 1904; opened to inmates, 1908. Executive Officer, Miss Anna J. Huntley, A. M. McGregor Home, East Cleveland, O. Number of beds, 34; patients treated last year, 12. Supported by endowment and contributions. Estimated value, $150,000.00 Delegate, George H. Quay, M. D.

Ohio Soldiers' and Sailors' Orphans' Home, Xenia, O. Not incorporated; opened to inmates, 1870. No report received this year. Last year the Superintendent was Col. J. P. Elton, Soldiers' and Sailors' Orphans' home, Xenia, O. Delegate, Warren C. Hewitt, M. D.

Oregon.

Children's Home, 887 Corbett St., Portland, Ore. Not incorporated; opened to inmates, 1871. Secretary, Mrs. Ellis G. Hughes, Elton Court, Portland, Ore.. Beds, according to the number of children. Supported by endowment, subscriptions and pay of some children. Attending physician, Henry C. Jefferds, M. D.

Pennsylvania.

Christian Home for Women, 1423 Liverpool St., Pittsburgh, N. S., Pa. Incorporated 1868; opened to inmates, 1868. President, Mrs. Joseph Horner, 910 Sherman Ave., Pittsburgh, N. S., Pa. Number of beds, 40; patients treated last year, 130. Supported by small endowment, state appropriation, donations and board of a few inmates. Estimated value, $30,000.00. Attending physician, Harvey E. Ramsey, M. D.

Florence Crittenden Home and Rescue Association, 1852 Center Ave., Pittsburgh, Pa. Incorporated 1893; opened to inmates, 1893. No report received for two years. As last reported the Secretary was Mrs. D. C. Martin, 401 N. Highland Ave., Pittsburgh, Pa.

Pittsburgh Sunshine Children's Home. 3532 California Ave., Pittsburgh, N. S., Pa. Incorporated 1907; opened to inmates, 1906. Executive Officer, Mrs. W. H. L. Newingham, 1508 Keenan Bldg., Pittsburgh, Pa. Number of beds, 48. Send the sick to a hospital. Supported by State appropriation, contributions, board of some children and the sale of the "Sunshine Magazine." Estimated value, $1,600.00. "The home cares for the children of working mothers or sick mothers who cannot support them."

Florence Crittenden Mission, 712 Harrison Ave., Scranton, Pa. Incorporated 1897; opened to inmates, 1894. Superintendent, M. Katherine Gardner, 712 Harrison Ave., Scranton, Pa. Number of beds, 40; patients treated last year, 65 girls and 27 babies. Supported by donations and state appropriation. Estimated value, $18,000.00. Attending physician, Anna C. Clark, M. D.

Rhode Island.

Children's Friend Society (Tobey Street Home), Providence, R. I. Not incorporated; opened to inmates, 1835. Superintendent, Mrs. Cora L. Sawyer, 23 Tobey St., Providence, R. I. Number of beds, 73. Supported by contributions and income from investments. At-

tending physician, Robert S. Phillips, M. D. "This is a home for children between three and twelve years of age. Must be in good health for admission."

Providence Rescue Home and Mission, 30 Benefit St., Providence, R. I. Incorporated 1895; opened to inmates, 1895. Secretary, Frank F. Tingley, 171 Westminster St., Providence, R. I. Number of beds, 22; about 100 adults and 15 babies were admitted to the home last year. Supported by voluntary contributions. Estimated value, $14,000.00.

Utah.

Crittenden Home, Ogden, Utah. No report received for two years. As last reported the Secretary was Mrs. C. A. Smurthwaite, 506 23rd St., Utah.

INSTITUTIONS WHERE BOTH SCHOOLS OF PRACTICE ARE EMPLOYED.

Iowa.

Home for the Aged, University Ave., Des Moines, Ia. Incorporated 1896; opened to inmates, 1896. Secretary, L. B. Bartholomew, Home for the Aged, Des Moines, Ia. Number of beds, 55. Supported by membership fees, donations and endowment fund. Estimated value, $75,000.00.

New Jersey.

Passaic Day Nursery, Jefferson St. and Columbia Ave., Passaic, N. J. Incorporated 1893; opened to inmates, 1891. President, Mrs. W. I. Barry, Passaic, N. J. Number of beds, 16. Supported by contributions from directors, subscriptions, sales and entertainments. Estimated value, $26,000.00.

New York.

Baptist Home for the Aged, 116 East 68th St., New York, N. Y. Incorporated 1869; opened to inmates, 1869. Corresponding Secretary, Mrs. Frederick M. Burr, Englewood, N. J. Number of beds, 100; patients treated last year, 50. Supported by Baptist churches and voluntary contributions.

Chapin Home for the Aged and Infirm, Park and Chapin Aves., Jamaica, N. Y. Incorporated 1869; opened to inmates, 1872. Secretary, Mrs. C. L. Stickney, 49 East 127th St., New York, N. Y. Consulting physician, John B. Garrison, M. D.

Martha Wilson Home, 356 Franklin Ave., Mt. Vernon, N. Y. Incorporated 1891; opened to inmates 1891. President, Mrs. M. Abby Maher, 47 South First Ave., Mt. Vernon, N. Y. Number of inmates, 16. Supported by small endowment fund and dues of members and donations.

Pennsylvania.

St. Barnabas Free Home, McKeesport, Pa, Incorporated 1900; opened to inmates, 1900. Gouverneur P. Hance, St. Barnabas Free Home, McKeesport, Pa., is Manager. Number of beds, 60. Supported by voluntary contributions entirely.

Rhode Island.

Sophia Little Home, 135 Norwood Ave., Edgewood, R. I. Incorporated 1874; opened to inmates, 1882. President, Mrs. J. K. Barney, 529 Broad St., Providence, R. I. Number of beds, 26; patients treated last year, 65. Supported by state appropriation and contributions. Estimated value, $75,000.00. "We have a staff of physicians who give their services."

St. Elizabeth Home, 183 Atlantic Ave., Providence, R. I. Opened to inmates, 1882; not incorporated. No report received for three years. As last reported the House Mother was Miss Emma C. Fales, 183 Atlantic Ave., Providence, R. I.

Wisconsin.

House of Mercy, Milwaukee, Wis. No report received for several years. As last reported the Executive Officer was Mrs. Julia T. Kurtz, 433 35th St., Milwaukee, Wis.

Milwaukee Orphans' Asylum, Prospect and Worth Aves., Milwaukee, Wis. Incorporated 1852; opened to inmates, 1850. Secretary, Mrs. H. A. Sifton, 519 Astor St., Milwaukee, Wis. Average number of children, 100. Supported by endowment fund, board of children and contributions. Estimated value, $40,000.00.

HOMOEOPATHIC DISPENSARIES.

Colorado.

Tabernacle Free Dispensary, 20th and Lawrence Sts., Denver, Col. Incorporated 1884; opened to patients, 1893. No report received this year. Last year the Secretary was Walter East, 2300 Larimer St., Denver, Col.

District of Columbia.

National Homoeopathic Hospital Dispensary, Kirby St., near N St., N. W., Washington, D. C. Incorporated 1881; opened to patients, 1881. Secretary, Ralph W. Hills 1820 Nineteenth St., Washington, D. C. Number of patients treated last year, 8,740; prescriptions given last year, 2,915. Cost of conducting dispensary, about $800.00.

Delaware.

Dispensary of the Homoeopathic Hospital of Delaware, Van Buren St., and Shallcross Ave., Wilmington, Del. Incorporated 1889; opened to patients, 1888. No report received this year. Last year the Secretary was L. W. Flinn, M. D., Wilmington, Del.

Illinois.

Hahnemann Medical College Free Dispensary, 2811-2815 Cottage Grove Ave., Chicago, Ill. Incorporated 1855; opened to patients, 1855. Secretary, W. Henry Wilson, M. D., 2811 Cottage Grove Ave., Chicago, Ill. Number of patients treated last year, 14,316; prescriptions given last year, 17,896; outside visits made last year, 60. Cost of conducting dispensary, $3,442.00.

National Emergency Free Dispensary of Chicago, Ill., 1428 Wells St., Chicago, Ill. Incorporated 1896; opened to patients, 1896. No report received this year. Last year the Secretary was Paul Burmaster, M. D., 546 Surf St., Chicago, Ill.

Maryland.

Maryland Homeopathic Hospital and Free Dispensary, 1122 N. Mount St., Baltimore, Md. Incorporated 1890; opened to patients, 1890. Secretary, H. G. Jones, M. D., 1235 W. Lafayette Ave., Baltimore, Md. Number of patients treated last year, 3,201; prescriptions given last year, 2,001.

St. Luke's Hospital Dispensary, 116-118 W. North Ave., Baltimore, Md. Incorporated 1905; opened to patients, 1906. Chairman Dispensary Committee, B. C. Catlin, M. D., 1404 Linden Ave., Baltimore, Md. Special attention to tubercular cases.

Massachusetts.

Medical Mission, 36 Hull St., Boston, Mass. Incorporated 1902; opened to patients, 1894. Superintendent, Mrs. E. M. Taylor, 36 Hull

St., Boston, Mass. Number of prescriptions given last year, 16,203; outside visits made last year, 4,949. Cost of conducting dispensary, $5,120.73.

Out-Door Patient Department of the Massachusetts Homoeopathic Hospital, 750 Harrison Ave., Boston, Mass. Incorporated 1855; opened to patients, 1855. Superintendent, Wm. O. Mann, M. D., 750 Harrison Ave., Boston, Mass. Number of patients treated last year, 12,144; prescriptions given last year, 40,850; outside visits made last year, 13,752.

Roxbury Homoeopathic Dispensary, 1224 Tremont St., Roxbury, Mass. Incorporated 1887; opened to patients, 1887. No report received this year. Last year the Secretary was Mrs. Frances H. Hunneman, 1224 Tremont St., Roxbury, Mass.

Michigan.

Free Dispensary of Detroit Medical College, Detroit, Mich. Not incorporated; opened to patients, 1902. No report received for four years. As last reported the secretary was Mrs. S. S. Babcock, Detroit, Mich.

New Jersey.

West Jersey Homoeopathic Dispensary, Camden, N. J. Incorporated 1894; opened to patients, 1887. Secretary, C. F. Hadley, M. D. 3320 Federal St., Camden, N. J. Number of patients treated last year, 18,678; prescriptions given last year, 18,678; outside visits made last year, 2,060.

East Orange Dispensary Association, Day St., East Orange, N. J. Incorporated 1884; opened to patients, 1884. Secretary, Miss Laura M. Lindsley, 115 Washington St., East Orange, N. J. Uumber of patients treated last year, 1,487; prescriptions given last year 1,487. Cost of conducting dispensary, $536.96. "A dental clinic, one afternoon a week, has been added to our work."

Newark Homoeopathic Dispensary, 30 Richmond St., Newark, N. J. Not incorporated; opened to patients, 1908. No report received this year. Last year the Secretary was Carl H. Wintsch, M. D., 188 Fairmount Ave., Newark, N. J.

Presbyterian Dispensary, 209 Spruce St., Newark, N. J. Incorporaated 1910; opened to patients, 1906. Secretary, Carl H. Wintsch, M. D., 188 Fairmount Ave., Newark, N. J. Number of patients treated last year, 689; prescriptions given last year, 1,096. "Under management of the Presbyterian Hospital."

Ann May Memorial Dispensary, Spring Lake, N. J. Incorporated 1905; opened to patients, 1904. Secretary, Joseph Ackerman, M. D., Cookman and Summerfield Aves., Asbury Park, N. J. Number of patients treated last year, 954; prescriptions given last year, 890.

The William McKinley Memorial Hospital, Brunswick Ave., Trenton, N. J. Incorporated 1887; opened to patients, 1892. Secretary, Walter F. Smith, 203 E. State St., Trenton, N. J. Number of patients treated last year, 6,867; prescriptions given last year, 3,201.

New York.

The Homoeopathic Hospital of Albany, Dispensary Department, 161 N. Pearl St., Albany, N. Y. Incorporated 1875; opened to patients, 1867. No report received this year. Last year the Secretary was James W. Cox, 161 N. Pearl St., Albany, N. Y.

Brooklyn E. D. Homoeopathic Dispensary, 194 S. Third St., Brooklyn, N. Y. Incorporated 1872; opened to patients, 1872. Secretary, George V. Tompkins, 96 Wilson St., Brooklyn, N. Y. Number of patients treated last year, 16,000. Cost of conducting dispensary last year, $2,000.00.

Central Homoeopathic Dispensary, 15 Columbus Place, Brooklyn, N. Y. Incorporated 1883; opened to patients, 1883. No report received for three years. As last reported the Secretary was Mrs. George E. Manson, 711 Putnam Ave., Brooklyn, N. Y.

Cumberland Street Hospital and Dispensary, 109 Cumberland St., Brooklyn, N. Y. Incorporated 1902; opened to patients, 1902. No report received this year. Last year the Medical Superintendent was W. A. Pulglase, M. D., 109 Cumberland St., Brooklyn, N. Y.

Gates Avenue Homoeopathic Dispensary, 13 Gates Ave., Brooklyn, N. Y. Incorporated 1867; opened to patients, 1867. Secretary, D. R. Aldridge, 32 Burling Slip, New York, N. Y. Number of patients treated last year, 5,802; prescriptions given last year, 5,190; outside visits made last year, 360. Cost of conducting dispensary last year, $973.32.

Memorial Dispensary for Women and Children, 827 Sterling Place, Brooklyn, N. Y. Incorporated 1894; opened to patients, 1881. No report received for three years. As last reported the Secretary was Mary L. Lines, M. D., 285 Washington Ave., Brooklyn, N. Y.

Dispensary of the New York Medical College and Hospital for Women, 19 West 101st St., New York, N. Y. Incorporated 1863; opened to patients, 1863. Secretary, D. I. W. Rodenburg, 575 West 159th St., New York, N. Y. Number of patients treated last year, 2,868; prescriptions given last year, 3,474; outside visits made last year, 390 (in last six months).

New York Homoeopathic Medical College and Flower Hospital Dispensary, 429 East 63rd St., New York, N. Y. Incorporated 1890; opened to patients, 1890. Director of hospital, Royal S. Copeland, M. D., 58 Central Park West, New York, N. Y. Number of patients treated last year, 10,160; prescriptions given last year, 42,000; outside visits made last year, 1,260. Cost of conducting dispensary last year, $8,000.

New York Ophthalmic Hospital Dispensary, 201 East 23rd St., New York, N. Y. Incorporated 1852; opened to patients, 1852. Secretary, Mr. James W. Arthur, 111 Liberty St., New York, N. Y. Number of patients treated last year, 13,224; prescriptions given last year, 53,759. Executive Surgeon, Edwin S. Munson, M. D.

Rochester Homoeopathic Hospital's Free Dispensary, 224 Alexander St., Rochester, N. Y. Incorporated 1891; opened to patients, 1891. No report received this year. Last year the Secretary was Mrs. A. B. Eastwood, 262 Culver Road, Rochester, N. Y.

Ohio.

Dispensary of the Ohio Hospital for Women and Children, 549 West 7th St., Cincinnati, O., is closed. Whether permanently or not is not known.—Florence M. Pollock, M. D., 721 E. McMillan St., Cincinnati, O.

Homoeopathic Free Dispensary, Cincinnati, O. Not incorporated; opened to patients, 1867. No report received this year. Last year the Secretary was J. R. McCleary, M. D., 404 Mercantile Library Bldg., Cincinnati, O.

Good Samaritan Dispensary, 704 Huron Road, Cleveland, O. No report received this year. Last year the Secretary was Jesse Saddler, M. D., 704 Huron Road, Cleveland, O.

Pennsylvania.

Children's Homoeopathic Hospital of Philadelphia, Dispensary, Franklin and Thompson Sts., Philadelphia, Pa. Incorporated 1877; opened to patients, 1877. Secretary, Walter Strong, M. D., 2105 North 13th St., Philadelphia, Pa. Number of patients treated last year, 23,144; prescriptions given last year, 21,975; outside visits made last year, 382. Cost of conducting dispensary last year, $4,000.00.

Dispensary of the Women's Homoeopathic Association of Pennsylvania, 20th and Susquehanna Ave., Philadelphia, Pa. Incorporated 1882; opened to patients, 1884. Secretary, Mrs. Frank B. Skinner, 421 Chestnut St., Philadelphia, Pa. Number of patients treated last year, 18,520; prescriptions given last year, 6,461.

St. Luke's Homoeopathic Hospital Dispensary, 15th and Wingohocking Sts., Philadelphia, Pa. Incorporated 1896; opened to patients, 1896. Secretary, William H. Keim, M. D., 1716 North 18th St., Philadelphia, Pa. Number of patients treated last year, 7,770; prescriptions given last year, 5,345; outside visits made last year, 575. Cost of conducting dispensary last year, about $2,150.00.

Women's Southern Homoeopathic Dispensary, 733-745 S. Broad St., Philadelphia, Pa. Incorporated 1896; opened to patients, 1896. Secretary, Miss Annie M. Miller, 1911 Mt. Vernon St., Philadelphia, Pa. Number of patients treated last year, 1415; prescriptions given last year, 3,419; outside visits made last year, 518.

West Philadelphia Homoeopathic Dispensary, 1229 North 54th St., Philadelphia, Pa. Incorporated 1904; opened to patients, 1904. No report received for two years. Last year the Secretary was William McKinzie, M. D., 313 N. 63rd St., Philadelphia, Pa.

Mt. Washington Homoeopathic Dispensary, Shiloh St., Pittsburgh, Pa. Not incorporated; opened to patients, 1909. No report received for four years. As last reported Secretary was J. E. Flinn, M. D., Southern Ave., Pittsburgh, Pa.

Dispensary of the Homoeopathic Hospital of Pittsburgh, Second Ave., Pittsburgh, Pa. Incorporated 1866; opened to patients, 1866. Secretary, George L. McCoy, Esq., Pennsylvania Station, Pittsburgh, Pa. Number of patients treated last year, 11,118; prescriptions given last year, 14,450.

Reading Homoeopathic Dispensary, Reading, Pa. Incorporated 1890; opened to patients, 1887. No report received for four years. As last reported the Secretary was Henry F. Schantz, M. D., 402 North 5th St., Reading, Pa.

HOMOEOPATHIC MEDICAL COLLEGES.

Hahnemann Medical College of the Pacific, S. W. Cor. Sacramento and Maple Sts., San Francisco, Cal. Incorporated 1881; opened to students, 1882. Dean, James W. Ward, M. D., 391 Sutter St., San Francisco, Cal. Length of term, 8½ months, beginning August 1st. Number of courses for graduation, 4; number of students, 36; number of graduates, 16; number of alumni, 216; number in faculty, 42; number of professors, 15; number of lecturers, 27. Estimated value of college and grounds, $30,000.00. Endowment, $5,000 in bonds and yearly interest on $25,000. insurance bonds. Annual income, $4,000.00. Delegate, James W. Ward, M. D.

Hahnemann Medical College and Hospital of Chicago, 2811-2815 Cottage Grove Ave., Chicago, Ill. Incorporated 1855; opened to students, 1859. Dean, Joseph P. Cobb, M. D., 4649 Woodlawn Ave., Chicago, Ill. Length of term, one year; beginning June 30th. Number of courses for graduation, 4; number of students, 93; number of graduates, 34; number of alumni, 4,000; number in faculty, 83; number of professors, 59; number of lecturers, 12. Value of college and grounds, $200,000.00. Endowment, $571,525.00. Annual income, $35,-217.50. Delegate, Joseph P. Cobb. M. D.

Hering Medical College, 711 S. Wood St., Chicago, Ill., is closed.

College of Homoeopathic Medicine of the State University of Iowa, Iowa City, Ia. Opened to students, 1877. Dean, George Royal, M. D., Good Block, Des Moines, Ia. Length of term, 36 weeks, beginning Sep-

tember 23rd. Number of courses for graduation, 4; number of students, 12; number of graduates, 5; number of alumni, 402; number in faculty, 27; number of professors, 17; number of lecturers, 20. Under operation of the State University of Iowa. Delegates, T. L. Hazard, M. D. and George Royal, M. D.

Boston University School of Medicine, Boston, Mass. Opened to students, 1873. Dean, John P. Sutherland, M. D., 295 Commonwealth Ave., Boston, Mass. Length of term, 3 terms of 10 weeks each year, beginning October 2nd. Number of courses for graduation, 51 in 1913; number of students, 117; number of graduates, 11; number of alumni, 1,089; number in faculty, 69; number of professors, 25; number of lecturers, 22; demonstrators, 1; instructors, 8; assistants, 4; assistant professors, 9. Value of college and grounds, $200,000.00. Amount of debt, $38,000.00. Endowment, $110,000.00. Annual income (estimated) $14,000.00. Delegate, John P. Sutherland, M. D.

Homoeopathic Medical College, University of Michigan. Ann Arbor, Mich. Incorporated 1875; opened to students, 1875. Dean, W. B. Hinsdale, M. D., Ann Arbor, Mich. Length of term, 10 months, beginning first week in October. Number of courses for graduation, 4; number of students, 81; number of graduates, 14; number of alumni, 563; number in faculty, 24; number of professors, 15; number of lecturers, 10. Value of college and grounds, $300,000.00. Annual income, $72,000.00. Delegates, W. B. Hinsdale, M. D., and C. A. Burrett, M. D.

Kansas City Hahnemann Medical College of Kansas City University, Kansas City, Mo. Incorporated 1884; opened to students, 1884. No report received for two years. As last reported the Dean was William E. Cramer, M. D., 1108 Main St., Kansas City, Mo.

Homoeopathic Medical College of Missouri, St. Louis, Mo. Incorporated 1857; opened to students, 1857. "This college is suspended; building and equipment sold." D. M. Gibson, M. D., Dean.

New York Homoeopathic Medical College and Flower Hospital, 63rd St. and Ave. A, New York, N. Y. Incorporated 1860; opened to students, 1860. Dean, Royal S. Copeland, M. D., 58 Central Park West, New York, N. Y. Length of term, 8 months, beginning the first week in October. Number of courses for graduation, 4; number of students, 309; number of graduates, 45; number of alumni, 1,200; number in faculty, 75; number of professors, 25; number of lecturers, 25. Value of college and grounds, $1.000,000.00. Amount of endowment, $600,000.00. Delegates, Royal S. Copeland, M. D., and Joseph H. Ball, M. D.

New York Medical College and Hospital for Women, 19 West 101st St., New York, N. Y. Incorporated 1863; opened to students, 1863. Dean, Emily C. Charles, M. D., 51 West 127th St., New York, N. Y. Length of term, 30 weeks, beginning October 1st. Number of courses for graduation, 4; number of students, 44; number of graduates, 7; number of alumni, 391; number in faculty, 55; number of professors, 28; number of lecturers, 27. Value of college and grounds, $145,000.00. Amount of debt, $45,000.00. Annual income, $47,500.00. Delegate, W. H. Dieffenbach, M. D.

The Cleveland-Pulte Homoeopathic Medical College, Cleveland, O., opened to students, 1850. Dean, George H. Quay, M. D., 818 Rose Bldg., Cleveland, O. Length of term, 34 weeks, beginning October 1st. Number of courses for graduation, 4; number of students, 86; number of graduates, 15; number of alumni, 3,800; number in faculty, 50; number of professors, 26; number of lecturers, 24. Value of college and grounds, $100,000.00. Amount of debt, $30,000. Annual income, $11,600.00. Delegate, George H. Quay, M. D.

Hahnemann Medical College and Hospital of Philadelphia, Pa., Broad St. above Race St., Philadelphia, Pa. Incorporated 1848; opened

to students, 1848. Dean, Wm. B. VanLennep, M. D., 1421 Spruce St., Philadelphia, Pa. Length of term, 36 weeks, beginning September 22nd. Number of courses for graduation, 4; number of students, 96; number of graduates, 31; number of alumni, 3,134; number in faculty, 11 (governing); number of professors, 28; associate professors, 8; assistants, 4; number of lecturers, 14; demonstrators, 13; instructors, 17. Value of college and grounds, $1,500,000.00. Endowment, $200,000.00. Annual income, $30,000.00. Delegate, W. B. VanLennep, M. D.

HOMOEOPATHIC MEDICAL JOURNALS.

The publication of the **Cleveland Medical and Surgical Reporter** has been discontinued.—E. O. Adams, M. D., former Editor.

The Chironian; established 1882. Published monthly, octavo form, by the New York Homoeopathic Medical College and Flower Hospital, New York, N. Y. Subscription price, $1.00. Sixty pages in each number.

The Clinique; established 1879. Published monthly, octavo form, by Halsey Brothers Co., 645 St. Clair St., Chicago, Ill. Editor, H. V. Halbert, M. D., 22 East Washington St., Chicago, Ill. Subscription price, $2.50. Sixty-five pages in each number.

The Medical Century; established 1893. Published monthly, royal octavo form, by The Medical Century Publishing Co., 1133 Broadway, New York, N. Y. Edited by Willis A. Dewey, M. D., Ann Arbor, Mich. Subscription price, $2.00. Thirty-two pages in each number.

The Critique was suspended June 1, 1913.—James W. Mastin, M. D., former Editor.

Hahnemannian Monthly; established 1865. Published monthly, octavo form, by the Harper Printing Co., 1012 Chancellor St., Philadelphia, Pa. Editor, G. Harlan Wells, M. D., 1807 Chestnut St., Philadelphia, Pa. Subscription price, $3.00. Ninety pages in each number.

The Homoeopathic Envoy; established 1891. Published monthly, octavo form, by E. P. Anshutz, M. D., 1011 Arch St., Philadelphia, Pa. Edited by E. P. Anshutz, M. D., 1011 Arch St., Philadelphia, Pa. Subscription price, twenty-five cents. Eight pages in each number.

The Homoeopathic Recorder; established 1886. Published monthly, octavo form, by Boericke & Tafel, 1011 Arch St., Philadelphia, Pa. Edited by E. P. Anshutz, M. D., 1011 Arch St., Philadelphia, Pa. Subscription price, $1.00. Forty-eight pages in each number.

Iowa Homoeopathic Journal; established 1907. Published monthly, octavo form, by G. A. Huntoon, M. D., Drawer A. U. P. Sta., Des Moines, Ia. Edited by G. A. Huntoon, M. D., Drawer A., U. P. Sta., Des Moines, Ia. Subscription price, $1.00. Forty pages in each number.

The Journal of the American Institute of Homoeopathy; established 1909. Published monthly, octavo form, by the Trustees of the American Institute of Homoeopathy. Edited by Sarah M. Hobson, M. D., 917 Marshall Field Bldg., Chicago, Ill. Subscription price, $2.00. From ninety-six to two hundred pages in each number. Delegate, John P. Sutherland, M. D. "This Journal is the official organ of the American Institute of Homoeopathy, and is owned and controlled by the Institute. All transactions, minutes, scientific papers with discussions, presented at the meetings, statistics of the Homeopathic School of Medicine in the United States, news of homoeopathic matters throughout the world are published in it. A cover for binding uniformly with preceding Institute Transactions is furnished each member of the Institute, upon request."

Journal of Ophthalmology, Otology and Laryngology; established 1880. Published monthly, octavo form, by A. Worrall Palmer, M. D.,

Hempstead, R. F. D. No. 2., N. Y. Edited by John L. Moffat, M. D., 119 Stewart Ave., Ithaca, N. Y. and A. Worrall Palmer, M. D. Subscription price, $2.00. Forty or more pages in each number.

The Medical Advance; established 1872. Published monthly, octavo form, by the Forrest Press, Batavia, Kane Co., Ill. Edited by J. B. S. King, M. D., 1402 Masonic Temple, Chicago, Ill. Subscription price, $2.00. Sixty pages in each number.

The Medical Forum; established 1904. Published monthly, octavo form, by Wm. E. Cramer, M. D., 1103 Main St., Kansas City, Mo. Edited by Charles Ott, M. D., and Wm. E. Cramer, M. D. Subscription price, $1.00. Forty-eight pages in each number.

The New England Medical Gazette; established 1866. Published monthly, octavo form, by The Medical Gazette Publishing Co., 422 Columbia Road, Boston, Mass. Editors, DeWitt G. Wilcox, M. D., 419 Boylston St., Boston, Mass.; Arthur H. Ring, M. D., Arlington Heights, Mass.; Conrad Wesselheoft, 2nd, M. D., 535 Beacon St., Boston, Mass. Subscription price, $2.00. Fifty-six pages in each number.

The North American Journal of Homoeopathy; established 1852. Published monthly, octavo form, by the Journal Publishing Co., 1748 Broadway, N. Y. City. Editors, Eugene H. Porter, M. D., 181 West 73rd St., New York, N. Y.; Hills Cole, M. D., 1748 Broadway, New York, N. Y.; Royal S. Copeland, M. D., 58 Central Park West, New York, N. Y.; Walter S. Mills, M. D., 324 West 89th St., New York, N. Y. Subscription price, $3.00. One hundred and twenty pages in each number.

The Pacific Coast Homoeopathic Journal; established 1882. Published monthly, octavo form, by the Journal Publishing Co., Galen Bldg., San Francisco, Cal. Edited by Wm. Boericke, M. D., Galen Bldg., San Francisco, Cal. Subscription price, $2.00. Forty pages in each number.

The University Homoeopathic Observer; established 1900. Published quarterly, octavo form, by the Lancaster Examiner, Lancaster, Pa. Edited by W. B. Hinsdale, M. D., Ann Arbor, Mich. Subscription price, fifty cents. Forty-five pages in each number.

RECAPITULATION.

Number of National Homœopathic Medical Societies	10
Number of Sectional or Interstate Homœopathic Medical Societies.	4
Number of State Homœopathic Medical Societies	34
Number of Local Homœopathic Medical Societies	96
Number of Homœopathic Medical Clubs	44
Number of Homœopathic Alumni Associations	8
Number of Miscellaneous Homœopathic Associations	4
Number of General Homœopathic Hospitals	57
Number of Hospitals where both Schools of Practice are employed.	40
Number of Special and Private Homœopathic Hospitals	35
Number of Special and Private Hospitals where both Schools of Practice are employed	20
Number of Homœopathic Sanatoria	42
Number of Sanatoria where both Schools of Practice are employed.	4
Number of Institutions under Homœopathic Treatment	35
Number of Institutions where both Schools of Practice are employed	10
Number of Homœopathic Dispensaries	38
Number of Homœopathic Colleges	10
Number of Homœopathic Journals	15
	506

The Maggot Trap a Possible Solution of the Fly Problem.*

U. S. Department of Agriculture Makes Successful Experiments That Should Be of Interest to Health Officers and Sanitariums.

Washington, D. C., March, 1914.—A trap to destroy the maggots of the typhoid or house fly before they develop into winged insects is a possible solution of the fly problem and one that should interest health officers, sanitarians and others who might make use of it on manure heaps where this common pest breeds. The Department of Agriculture's scientists in their preliminary experiments with such a trap have succeeded in destroying from 70 to 99 per cent of the maggots in a pile of manure. This method of attack differs from those which have been generally used. Fly poisons have been made to tempt the appetite of the adult fly, or fly-tight receptacles have been used to keep the adult female from laying her eggs in manure. The newer method is based on the knowledge of certain habits of the undeveloped fly maggot.

The maggots of the typhoid fly, it has been discovered, have a habit of migrating from their breeding places into drier portions of the manure heap. This seems a distinct move on their part to permit the adult fly to issue from the refuse in the easiest and quickest manner. The efficiency of the new trap is based on the regularity of this deep-seated habit.

Description of a Maggot Trap.

A large galvanized iron pan, measuring 5 by 3 feet, with sides 4 inches high, was made. In this stood a container on legs 8 inches high. This container measured 4 by 2 by 2 feet. The sides and bottom were of heavy wire, ¼-inch mesh, supported by a light wooden framework. Twelve cubic feet of manure well infested with eggs and larvae were placed in this container and sprinkled with water. Water was also poured into the pan below to the depth of about 1 inch. Surrounding and covering both pan and container was a fly-tight inclosure made of a large cage, 6 by 6 by 6 feet. This prevented further infestation of the manure, and an arrangement of traps at the top of the cage made it possible to capture and keep a record of any flies that might emerge. At the time for the emergence of flies the sides of the cage were darkened with black cloth in order to drive the flies into the traps at the top. Each day the maggots were collected from the pan and counted, and each day the manure in the container was sprinkled thoroughly with water and the pan was washed out and again partly filled with water to drown the larvae which fell into it.

The experiments of the Department's entomologists showed that from 98 to 99 per cent of all the maggots in the manure pile were

*Released for afternoon papers of March 21, 1914.

destroyed, if the manure was kept moist. From comparatively dry manure about 70 per cent were destroyed.

These experiments, as yet, have been tried only on a comparatively small scale. The question immediately arises whether the trap which appears so successful on a small scale can be adapted to the handling of manure in a practical way on a large scale. Every consideration points to the probability that it can and that it will afford "an additional weapon of great value." However, the final verdict as to the value of the maggot trap must wait upon the solution of certain practical problems. To point out some of these here is to suggest lines for further investigation.

(1) In the first place, there must be determined what form, size, and construction of trap will give the best results. The answer to this will depend largely on the particular conditions obtaining at any given stable, such as the amount of manure produced daily, the arrangements for drainage, etc. It will also depend on the answer to the following problems:

(2) How deeply may manure be heaped in a trap without interfering with the migration? It will probably be found that the depth will make little difference, provided that the manure is kept moist, and provided that avenues of escape are afforded at the sides as well as at the bottom.

(3) How long must manure be kept in a maggot trap before it is entirely free from larvae? This is a very important question from a practical standpoint, and one will find scant suggestion as to the answer in the literature on the life history and habits. The housefly breeds preferably in horse manure, but it has never been determined just how long a given lot of manure continues to be an attractive place for egg laying, nor for how long a period fly larvae will continue to appear in it. It is obvious that the maggot trap would not be practical if the infestation of the manure were daily renewed for a long time. Under ordinary conditions the drying of the surface of a heap of manure probably limits the period of egg laying to the first day or two of exposure. But in a maggot trap the manure must be kept wet in order to insure the greatest amount of migration. Would not such a moist surface be daily reinfested and maggots continue to appear in the manure as long as any fermentation were in progress? As a matter of fact, the period of infestation appears to be rather short, and even under the most favorable conditions maggots will rarely be found in a given lot of manure after 10 or 12 days' exposure. In support of this claim some experimental data may be given here.

(4) The disposal of the maggots is another practical consideration. If the larvae were allowed to drop to the ground they would burrow into it to pupate there and nothing would be gained. It would be necessary to have some sort of vessel, e. g., a concrete basin, beneath the trap. This should have vertical sides and contain an inch or more of a weak disinfectant or of water covered with a film of kerosene oil. If such a basin were connected with a sewer or

cesspool the maggots collecting in it could be flushed out each week without the necessity of handling them in any way and without any offensive decomposition.

That the maggot trap possesses certain advantages is obvious and ought to lead to many attempts to develop it along practical lines. Cheapness would be one of its strong points. Practically the only cost would be the initial one for the construction of the trap and of a basin or receptacle for catching and disposing of the maggots. Very little additional time or labor would be required in operating it. The sprinkling of the manure would be a very small part of the daily routine of removing the manure from the stables. Proper arrangements for the disposal of the maggots would require only a few minutes' attention at long intervals.

Greater details of the experiments with the maggot trap are given in the U. S. Department of Agriculture's new bulletin, entitled: "The Migratory Habit of Housefly Larvae as Indicating a Favorable Remedial Measure. An Account of Progress." Many scientists now prefer to call the housefly the "typhoid fly" or the "manure fly" because of the real danger that lurks in this widely distributed pest. This fly is one of the most active agents in spreading typhoid fever. It spreads Asiatic cholera and other diseases of the intestines. It has even been known to be a minor factor in spreading tuberculosis. Its chief breeding place is the manure heap, from which it may fly directly into the house.

A Minimum Wage Story.

Being a reprint of the tragedy of Selma Peterson so well told in the *Chicago Tribune* of September 20, 1913.

Breakfast—Coffee and rolls.
Dinner—Beef stew, milk, rice pudding.
Supper—Fruit salad, graham crackers and milk.

A reporter for *The Tribune* submitted the above menus to an expert on food values who is a graduate of many colleges and knows exactly what he is talking about. The reporter wanted to know whether or not they embrace the elements necessary to the support of human life.

The learned man responded that they are full to satiety with fats, proteids, and carbo-hydrates.

"Why," he added, "there are lots of people in Chicago who live on just that."

The reporter is not equipped to attack Science in her lair. Nevertheless, he knows that the expert is utterly and tragically mistaken. Whatever such a diet's chemistry may be it lacks one vital essence—something to make the consumer's life worth living. He knows it because he has investigated the case of Selma Peterson.

The girl was found yesterday afternoon at her room at 519 Lincoln Parkway. The place was full of gas because she had left the jets open. She was taken to the county hospital, where she was revived, made an ante-mortem statement, and died. Her career having thus expeditiously terminated, a clerk in the coroner's office proceeded to write her obituary. It reads:

Selma Peterson, 19 years old. Suicide at 519 Lincoln Parkway by gas asphyxiation. No relatives. Cause unknown.

The last entry, suggesting mystery, prompted investigation. A visit to Selma's little room was rewarded by the discovery of three items calculated to illuminate the clerk's colorless account of her career.

One of these was a Bible, on the fly leaf of which was written:

To Selma, from her mother.

A second item was a note in which Selma herself had attempted to shed some light upon her life story. It said:

"Wages too low. Life is not worth living."

The third was a little note book. In it the girl had recorded the three menus set forth above. There were other items in the book which indicated Selma was a desperate student of economics. From them it appeared she was employed by the Kuppenheimer clothiers at 428 Franklin street, at a wage of $8 a week. This income Selma had distributed as follows:

Meals	$3.15
Room rent	2.50
Care fare	.60
Laundry	1.00
Total	$7.25

Thus, in mathematics that could not be refuted, Selma had been able to demonstrate to her own entire satisfaction that at the end of each week, having liquidated all current indebtedness, she would have left for orchids, automobile rides, and theater parties a grand aggregate of 75 cents.

Having gratified a ghoul-like propensity with these inquiries the reporter went out to the county hospital and talked to the doctor who had been with Selma when she died.

"Yes," said the physician, "she revived. For a short time before she died she was entirely lucid."

"What did she say?"

"Why, now that you mention it, she said a funny thing. I asked her what made her do it. She did not answer for a long time and then she asked:

"'Doctor, did you ever live for six months on twenty cent dinners?'"

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Publisher's Department

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The Advertising Pages.

The science of advertising like the science of medicine is getting to require a great deal of study and specialization. Every subscriber of this Journal is earnestly requested to go over the advertising pages each month and read them with the same interest and with the same study that he does the editorial work.

In this age everything is commercialized and the newest discoveries are sometimes commercial property, almost as soon as they become scientific property. Therefore you will find new things advertised all of the time and it is for you to keep up with them. In the special case of our Journal it is highly desirous that the Doctors read the advertising pages and subject them to criticism of all kinds in order that we may make our advertising pages clean, interesting and reliable.

Go over them today while you are glancing through this section of the Journal and when you can find time, sit down and write us what you think of them. Will you do this?

(Reprinted from Monthly Cyclopedia and Medical Bulletin, August, 1913.)

For Men, Women, Children and Babies.

A medical writer a short time ago called the attention of his fellow practitioners to the large number of untoward conditions resulting to the human race from the erect posture. From a superficial point of view, this might be considered almost as a joke, but those who are familiar with the real facts would fail to see anything in it in the nature of a joke.

The fact is that a great many disabilities of varying importance are due almost exclusively to the erect posture. The old system was to temporize, and alleviate the various unfavorable symptoms with internal medicines, or, in some cases by surgical procedure. It has been found, however, that a great deal can be accomplished by the use of the abdominal supporter or binder, but it requires a very accurate knowledge of anatomy to make these deductions. Dr. Katherine L. Storm has earned the appreciation of a great many prominent physicians and surgeons by her remarkable skill in correcting some of these mistakes made by nature.

It is seldom one's good fortune to develop proficiency exactly along the lines in which nearly every one else is a novice. There are so many clumsy and disappointing ways of treating relaxed sacroiliac conditions, for instance, that Dr. Storm's method of doing it all with a supporter recalls the Columbus Egg Story. Another gratifying result was the application of this principle to the alleviation of the symptoms associated with pertussis; while with the hernias it has proved a great success.

It is hardly a stretch of imagination to speak of Dr. Storm's binder as an "old reliable." It is certainly so regarded by a large number of physicians in the city in which she is best known.

Such physicians at a distance who might like to know more of Dr. Storm's ability along this line, should send for her booklet, which will tell what she can do for their patients, and at the same time show how she is regarded by those physicians who know her best.

Hotels In Atlantic City.

On one of the advertising pages this month, you will find a short resume of the leading Atlantic City Hotels, showing approximately their rates, etc.

You will find at the business office of the Journal, 917 Marshall Field Building, all information regarding hotels at Atlantic City. We are in constant communication with the Atlantic City publicity bureau and the hotels themselves, but it is earnestly desired that the Doctors patronize as much as possible these hotels which have favored our Journal with advertising. Address Business Manager, 917 Marshall Field Building, for full information.

Is It "Rheumatism?"

Formerly the term "rheumatism" used to cover a multitude of sins. Any and every pain in the muscles and joints and bones for which no evident cause could be found—especially in the lower limbs—was diagnosed as rheumatism and dosed with alkalies. Nowadays it has almost passed out of the scientific physician's vocabulary. Instead of including every obscure pain under the blanket of

A LETTER TO MEDICAL MEN.

Dear Sir:

Of all the discouraging cases which confront the general practitioner there are few more hopeless than chronic nasal and aural troubles. The difficulty of treating discharges from the ears is increased by uncertainty as to their etiology, the only fact that can safely be postulated regarding them being that they are the result of a mixed infection. For example, a bacteriological report recently obtained with reference to an ear discharge is as follows: "Films prepared direct from this swabbing contain many gram-negative and gram-positive bacilli, together with several gram-positive micrococci. The inoculated media yield cultures showing large numbers of bacillus proteus, small numbers of diphtheroid bacilli, and a few micrococci."

Mixed Infections.

A considerable volume of evidence has been accumulated showing that Phylacogen, without operation or local treatment, not only frees the sufferer from excessive secretion, but also, even when the secretion is merely reduced in quantity, entirely gets rid of its unpleasant odor.

We have records of a large number of cases treated with Mixed Infection Phylacogen.

Two cases are supplied by a surgeon. In both, the discharge became abundant and offensive after operation. Treatment was commenced with 1 Cc. Mixed Infection Phylacogen, the injection being gradually increased until a dose of 8 Cc. was reached. The reactions in both cases were of a comparatively mild character, and the result has been entirely satisfactory.

Suppurating Antrum.

Another case is that of a professional man (43) who has suffered from a chronic nasal catarrh for some nine years, and deafness in the left ear for about a year, with difficulty in breathing through the left nostril. This gentleman does much public speaking, and in the frequent effort to clear his throat he often became quite hoarse. He received in all eight injections of Mixed Infection Phylacogen, doses up to 10 Cc. being given. The reactions after the third, fourth and fifth doses were very severe, but the latter doses did not cause much disturbance. He gradually lost his catarrh, and hearing returned at the middle of the course. The result has been most satisfactory, especially as regards the improved condition of his voice and throat in public speaking.

Catarrh with Deafness.

Another case is that of a housemaid (26), who when five years old had an attack of scarlet fever. Ever since then she has had discharge from the right ear, with almost complete deafness; could only hear a watch pressed close on the ear. Treatment was commenced on April 27, 1913, with injection of 2 Cc. Mixed Infection Phylacogen, doses being gradually increased to 10 Cc. After two or three injections the discharge increased in quantity, and became thinner, and thereafter gradually diminished. After eleven injections, extending over three weeks, the patient with her left ear on the pillow heard with the right ear for the first time in twenty-one years the clock ticking in her bedroom. Since then hearing in the right ear is almost as good as in the left.

Suppurative Otitis Media.

One of the medical men from whose reports we have quoted concludes with the following remark: "In my opinion the most remarkable thing about these cases—even more remarkable than the cure of the catarrhs—is the great improvement in the general health which followed in the three to four months after the injections had been discontinued." This opinion is shared by every medical man with whom we have come in contact who has given Phylacogen a fair trial in suitable cases. Our recently issued pamphlets on "Phylacogen Therapy," 1914 editions, contain much interesting material on the new system of treatment, and we shall be glad to send them to you on request.

General Health Improved.

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Publisher's Department (continued)

diagnosis of rheumatism, the modern physician traces it to its correct source, and not only gives it a specific name, but assigns it a definite pathology and applies the particular treatment for which it calls.

Cabot, in his Differential Diagnosis. shows that in the pains of the feet and ankles a broken arch leads as a causative factor by more than three to one. That is to say, a broken arch is three times as frequent as all other possible causes put together. So that, out of all causes of foot and ankle pains, three out of every four would be relieved by the simple expedient of applying a proper arch support. Of course, the crux of the matter lies in that word "proper." Many so-called arch supports are such destroyers, and violate the curve just as badly upward as the collapse does downward The Venus Arch Support is what its name implies—a flexible, adjustable support for the arch in its natural, physiologic position—and is precisely what you want, doctor, for that three-to-one percentage of your cases of "rheumatism" in the foot. Write to the Venus Arch Support Co., 305 N. 5th Ave., Chicago, for their proposition.

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Chronic catarrh never fails to indicate general constitutional debility. Local treatment is always desirable but for permanent results efforts must be directed toward promoting general functional activity throughout the body, and a general increase of systemic vitality. The notable capacity of Gray's Glycerine Tonic Comp. in this direction readily accounts for the gratifying results that can be accomplished through its use in the treatment of all chronic catarrhal affections, but especially those of the gastro-intestinal canal and respiratory tract. The particularly gratifying features in the results accomplished by Gray's Glycerine Tonic Comp. are their substantial and permanent character. This is naturally to be expected since they are brought about through restoring the physiologic balance of the whole organism.

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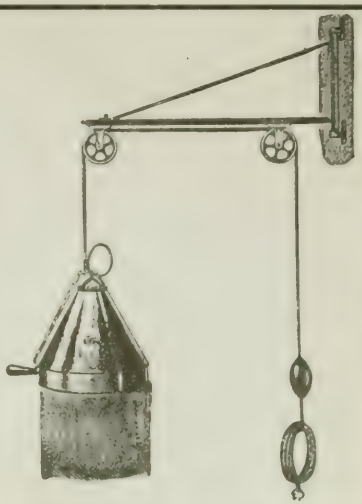

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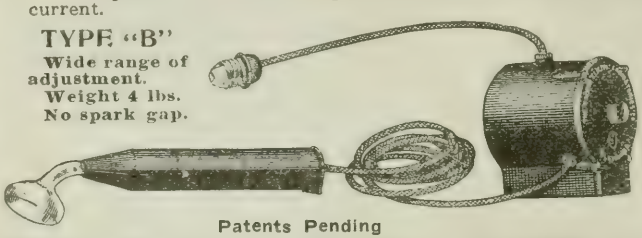

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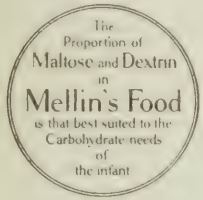

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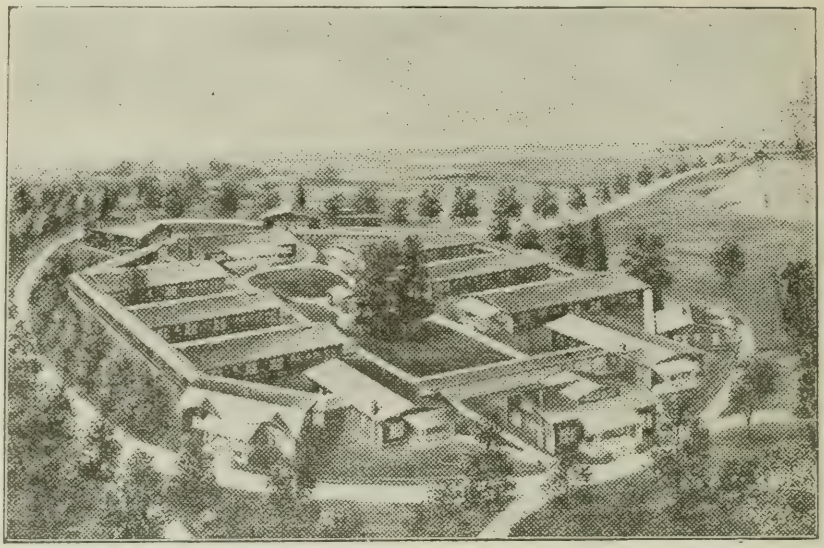

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